Alberta Ministry of Health and Wellness

Alberta Health Care Insurance Plan
Statistical Supplement

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Alberta

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INTRODUCTION

What is the Alberta Health Care Insurance Plan?

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with medically necessary services in a public system that follows the principles of the *Canada Health Act* in that it is publicly administered, comprehensive, universal, portable and accessible. Medically necessary services are hospital and physician services and specific services provided by dental/oral surgeons.

In addition to services required by the *Canada Health Act*, the AHCIP also provides partial coverage for:

- allied health services such as optometry (for residents under 19 and over 64 years), chiropractic and podiatry services; and
- drug and other benefits through Alberta Blue Cross.

There are two categories of coverage provided by the AHCIP. They are:

- Basic health services coverage (for medically required services provided by physicians and dental/oral surgeons, and limited coverage for services provided by allied practitioners, such as chiropractors, optometrists and podiatrists). There is a monthly premium for this coverage except for those individuals enrolled in special groups (such as Alberta Widows' Pension or Income Support) or individuals entitled to full premium assistance.
- Alberta Blue Cross Non-Group Coverage Plans (supplemental health insurance plans for pharmaceuticals and other selected health services). These supplemental plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Premium-free coverage is offered to seniors and their dependants, to recipients of the Alberta Widows' Pension and their dependants, and to people who have been diagnosed as palliative and receive their health care at home. Coverage is also available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium.

What can I find in the *Statistical Supplement?*

Alberta Health and Wellness publishes the *Statistical Supplement* as an extension of the *Annual Report*. It provides data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians, allied practitioners (dental/oral surgeons, chiropractors, optometrists and podiatrists) and some payments for out-of-country services. The *Supplement* also reports data on Alberta Blue Cross Non-Group Coverage.

How is data reported in the *Statistical Supplement*?

This edition of the *Statistical Supplement* reports data for the period April 1, 2003 to March 31, 2004. Where feasible, data are provided for a five-year period to assist in longer-term comparisons. Regional data are provided only for the current year, since regional boundaries have changed, and the data for prior years are not fully comparable.

The majority of data are reported on a date-of-service basis, with the exception of Section 4 — Alberta Blue Cross Non-Group Coverage, which is reported on a date-of-payment basis.

What information is not included in the *Statistical Supplement*?

The following information is not included in the *Statistical Supplement:*

- AHCIP payments for medical and hospital services provided in other Canadian provinces;
- regional health authority costs (e.g., hospital and home care services costs);
- Alberta Cancer Board costs; and
- other program expenditures, which are not directly paid by the AHCIP.

The *Alberta Ministry of Health and Wellness Annual Report 2003/2004* contains more information on these costs.

Subject Headings

The four subject headings in this Supplement are:

SECTION 1: REGISTRATION DATA — PAGES 5 TO 14

SECTION 2: BASIC HEALTH SERVICES DATA — PAGES 15 TO 63

SECTION 3: REGIONAL DATA — PAGES 64 TO 76

SECTION 4: ALBERTA BLUE CROSS NON-GROUP COVERAGE DATA — PAGES 77 TO 88

Your Input Is Appreciated

We appreciate feedback to help us make future *Statistical Supplements* as easy to read and use as possible.

Please let us know your comments and suggestions:

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Section 1: Registration

Summary

This section provides statistics on the number of people covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. These tables show registration data broken down by premium status and subsidy level, and by age and gender.

Basic Health Coverage

In 2003/2004, 3,165,157 Albertans were entitled to basic health coverage. This is an increase of 1.3 per cent from the previous year.

Coverage by Method of Premium Collection and Subsidy Level

There are four categories of premium status:

- **Individual/Group**

  This category was the largest with 2,718,333 persons. It includes individuals and families who make AHCIP premium payments either directly to Alberta Health and Wellness or through group plans (e.g., employers that submit the premiums on behalf of the individuals and families).

  - 267,549 or 9.8 per cent of people in this category received premium subsidies: an increase of 16,588 or 6.6 per cent in comparison to 2002/2003.
  - 229,222 individuals received full subsidy: an increase of 6.3 per cent.
  - 38,327 individuals had their premiums partially subsidized: an increase of 8.7 per cent.

- **Seniors**

  The number of persons (seniors and their dependants) covered in the Seniors category in 2003/2004 was 363,201. This is an increase of 2.4 per cent compared to the 2002/2003 year. More than half the individuals in this category received partial or full subsidy: 25,015 received partial subsidy and 178,693 received full subsidy.

- **Alberta Widows' Pension**

  The number of persons with Alberta Widows' Pension coverage decreased by 6.3 per cent to 2,098 compared to those covered in 2002/2003. All of these individuals received premium-free coverage.

- **Income Support Recipients**

  The number of Income Support recipients who received premium-free coverage was 81,525: an increase of 3.2 per cent compared to the 2002/2003 year.

Overall, 17.5 per cent of the total population covered by the AHCIP paid reduced premiums or were fully exempt from paying premiums.

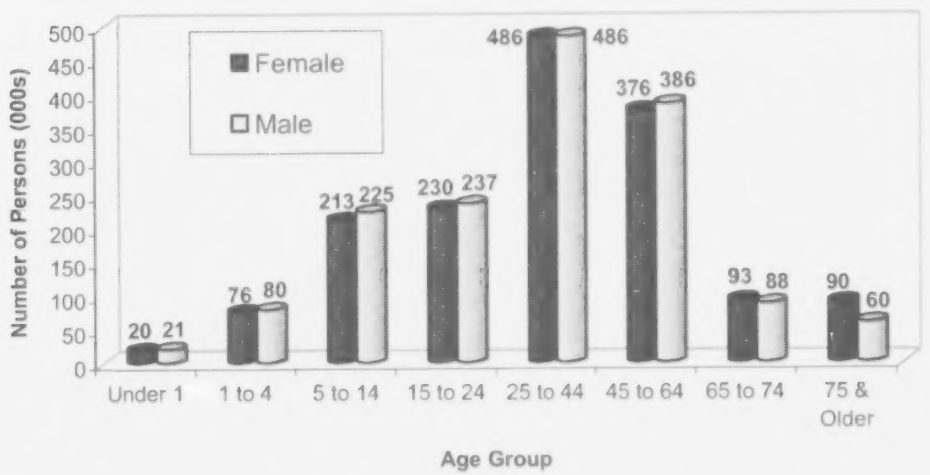
Opting Out

Every year, individuals who object in principle to the AHCIP may opt out. In 2003/2004 the number of individuals who chose to opt out decreased to 293 compared to 329 in 2002/2003. These individuals are responsible for paying all their health care expenses. People who opt out must do so for a full benefit year, which is July 1st of one year to June 30th of the following year.

Coverage by Age and Gender

Figure 1 shows the number of persons covered by the AHCIP, broken down by age and gender.

Figure 1
Population Covered for Basic Health Benefits Broken Down By Age and Gender for the Service Year April 1, 2003 to March 31, 2004



Registration data for Alberta Blue Cross Non-Group Coverage is in Section 4.

Did you know?

Albertans are younger than the national average.

Source: Alberta's 2004 Report on Comparable Health Indicators

Explanatory Notes

Registrations

Registration data are based on the number of active registrations on the AHCIP files as of the last day of the fiscal year (March 31st). Individuals registered with the AHCIP for part of the year, but not on March 31st, are excluded. The number of registrations differs from the number of persons covered. There is usually one registration per family household. The number of persons covered under one registration can range from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are in Tables 1.1 and 1.2.

The numbers reported differ from Statistics Canada provincial population estimates because:

- Alberta Health and Wellness continually updates the AHCIP data; and
- persons who are temporarily absent from the province or who have left the province permanently, but retain coverage for a period of three months (up to March 31st), are included in the data.

Members of the Armed Forces and RCMP, and inmates of federal penitentiaries are covered by the federal government. They are not entitled to AHCIP coverage and are not included in the data.

Widows' Pension Program

Recipients of the Alberta Widows' Pension Program (available through Human Resources and Employment) and their eligible dependants are not required to pay AHCIP or Alberta Blue Cross non-group premiums.

Seniors' Premium Rates

In 2003/2004, seniors were required to pay AHCIP premiums unless they were entitled to a partial or full exemption under the income-tested Alberta Seniors Benefit Program. Alberta Blue Cross non-group coverage is premium-free for seniors and their dependants, regardless of income.

Premium Assistance Programs

Full premium rates for AHCIP coverage are $88 per month ($1,056 per year) for family coverage (two or more people) and $44 per month ($528 per year) for single coverage. To assist lower-income Albertans with the cost of premiums, Alberta Health and Wellness has two premium assistance programs: the Premium Subsidy Program and the Waiver of Premiums Program.

Eligibility for the Premium Subsidy Program is based on taxable income for the year preceding the subsidy period and the number of individuals on the registration account. A subsidy period runs from April 1st of one year to March 31st of the following year.

Family category (below) is based on whether there are children and a spouse or an adult interdependent partner on the registration account. If there is a spouse or adult interdependent partner on the account, both individuals are required to provide their taxable incomes.

2003/2004 Premium Subsidy Thresholds

Family Category	Full Subsidy	Full Premiums
Single	under $12,450	over $15,970
Family — no children	under $21,200	over $28,240
Family — with children	under $27,210	over $34,250

The Waiver of Premiums Program is designed to assist Albertans experiencing short-term financial difficulties. Eligibility is based on the average gross monthly income for the three calendar months prior to the date that the application is submitted. If there is a spouse or adult interdependent partner on the account, both individuals are required to provide their incomes.

2003/2004 Waiver of Premium Thresholds

Family Category	Income Level
Single	$1,020
Family — no children	$1,860
Family — with children	$2,260

If the income is under the qualifying thresholds, premiums are waived for a six-month period. On average, during 2003/2004 approximately 10,800 people (6,500 registrations) per month were on the Waiver of Premiums Program.

Table 1.1
Number of Registrations and Population Covered
For the Service Years Ended March 31, 2000 to March 31, 2004[1]

Population Categories	Number of Registrations					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Total	1,404,142	1,441,060	1,484,218	1,520,004	1,553,838	2.63%	2.99%	2.41%	2.23%
Individual and Group	1,126,192	1,158,095	1,195,302	1,223,618	1,250,087	2.83	3.21	2.37	2.16
Seniors	226,068	232,089	237,772	242,564	248,345	2.66	2.45	2.02	2.38
Widows' Pension	2,358	2,285	2,158	2,035	1,921	(3.10)	(5.56)	(5.70)	(5.60)
Income Support Recipients	49,524	48,591	48,986	51,787	53,485	(1.88)	0.81	5.72	3.28

Population Categories	Population Covered					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Total	2,957,045	3,007,582	3,072,384	3,124,487	3,165,157	1.71%	2.15%	1.70%	1.30%
Individual and Group	2,542,665	2,589,156	2,646,957	2,688,693	2,718,333	1.83	2.23	1.58	1.10
Seniors	330,051	339,065	347,497	354,589	363,201	2.73	2.49	2.04	2.43
Widows' Pension	2,543	2,480	2,390	2,239	2,098	(2.48)	(3.63)	(6.32)	(6.30)
Income Support Recipients	81,786	76,881	75,540	78,966	81,525	(6.00)	(1.74)	4.54	3.24

(1) The population figures are as of March 31, calculated in July.

Table 1.2
Number of Registrations and Population Covered by Method of Premium Collection and Subsidy Level
As of March 31, 2004[1]

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Total	55,406	83,623	41,136	41,136	14,270	42,487
Individual and Group						
Non-subsidized	1,121,285	2,450,784	512,751	512,751	608,534	1,938,033
Subsidized						
0.1% to 25.0% Reduced	4,082	7,649	2,450	2,450	1,632	5,199
25.1% to 50.0% Reduced	4,976	9,547	2,930	2,930	2,046	6,617
50.1% to 75.0% Reduced	5,632	11,124	3,186	3,186	2,446	7,938
75.1% to 99.9% Reduced	4,627	10,007	2,256	2,256	2,371	7,751
Full Reduction	109,485	229,222	54,714	54,714	54,771	174,508
Subtotal: Individual and Group	1,250,087	2,718,333	578,287	578,287	671,800	2,140,046
Seniors						
Non-Subsidized	99,760	159,493	42,082	42,082	57,678	117,411
Partial Reduction	16,038	25,015	7,270	7,270	8,768	17,745
Full Reduction	132,547	178,693	88,048	88,048	44,499	90,645
Subtotal: Seniors	248,345	363,201	137,400	137,400	110,945	225,801
Widows' Pension (Full Reduction)	1,921	2,098	1,796	1,796	125	302
Income Support Recipients (Full Reduction)	53,485	81,525	39,340	39,340	14,145	42,185

(1) The population figures are as of March 31, calculated in July.

Table 1.3
Distribution of Population by Age and Gender
For the Service Years Ended March 31, 2000 to March 31, 2004[1]

Gender / Age Group	Total (Male and Female)					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Total	2,957,045	3,007,582	3,072,384	3,124,487	3,165,157	1.71%	2.15%	1.70%	1.30%
Under 1	38,163	37,048	37,371	38,810	40,155	(2.92)	0.87	3.85	3.47
1 - 4	157,371	156,144	156,315	156,101	155,949	(0.78)	0.11	(0.14)	(0.10)
5 - 9	215,683	213,867	212,496	210,261	208,723	(0.84)	(0.64)	(1.05)	(0.73)
10 - 14	225,154	226,961	229,304	230,458	229,393	0.80	1.03	0.50	(0.46)
15 - 19	220,433	226,075	231,005	232,542	233,259	2.56	2.18	0.67	0.31
20 - 24	208,314	213,618	221,083	227,934	233,727	2.55	3.49	3.10	2.54
25 - 29	212,610	213,669	219,043	223,438	227,029	0.50	2.52	2.01	1.61
30 - 34	221,043	223,017	226,843	229,209	229,807	0.89	1.72	1.04	0.26
35 - 39	264,140	257,866	252,445	245,416	238,698	(2.38)	(2.10)	(2.78)	(2.74)
40 - 44	263,324	268,639	273,266	275,925	275,902	2.02	1.72	0.97	(0.01)
45 - 49	220,644	233,060	245,421	255,436	262,678	5.63	5.30	4.08	2.84
50 - 54	178,695	189,084	195,263	201,872	211,392	5.81	3.27	3.38	4.72
55 - 59	129,431	135,268	146,978	158,544	167,091	4.51	8.66	7.87	5.39
60 - 64	102,836	105,722	110,136	115,230	120,634	2.81	4.18	4.63	4.69
65 - 69	92,178	93,029	93,638	94,903	96,580	0.92	0.65	1.35	1.77
70 - 74	77,676	80,076	82,248	83,662	84,554	3.09	2.71	1.72	1.07
75 - 79	59,780	61,320	62,317	64,072	65,960	2.58	1.63	2.82	2.95
80 - 84	37,812	39,930	42,551	44,811	46,616	5.60	6.56	5.31	4.03
85 and Older	31,758	33,189	34,661	35,863	37,010	4.51	4.44	3.47	3.20

...Continued

(1) The population figures are as of March 31, calculated in July.

Table 1.3
Distribution of Population by Age and Gender
For the Service Years Ended March 31, 2000 to March 31, 2004[1]

Gender / Age Group	Male					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Total	1,476,415	1,502,264	1,534,786	1,561,027	1,581,262	1.75%	2.16%	1.71%	1.30%
Under 1	19,325	18,912	19,043	19,799	20,597	(2.14)	0.69	3.97	4.03
1 - 4	80,759	80,004	79,775	79,746	79,605	(0.93)	(0.29)	(0.04)	(0.18)
5 - 9	110,538	109,575	109,200	108,144	107,270	(0.87)	(0.34)	(0.97)	(0.81)
10 - 14	115,362	116,292	117,490	117,933	117,703	0.81	1.03	0.38	(0.20)
15 - 19	112,763	115,691	118,287	119,167	119,350	2.60	2.24	0.74	0.15
20 - 24	105,039	108,022	111,610	114,873	117,667	2.84	3.32	2.92	2.43
25 - 29	106,637	107,222	109,885	112,174	113,981	0.55	2.48	2.08	1.61
30 - 34	109,819	111,129	113,562	114,957	115,502	1.19	2.19	1.23	0.47
35 - 39	130,697	127,829	125,135	121,982	118,848	(2.19)	(2.11)	(2.52)	(2.57)
40 - 44	132,996	135,277	137,112	137,807	137,440	1.72	1.36	0.51	(0.27)
45 - 49	112,442	118,571	124,801	129,738	133,278	5.45	5.25	3.96	2.73
50 - 54	90,474	95,881	99,165	102,723	107,482	5.98	3.43	3.59	4.63
55 - 59	65,489	68,394	74,237	80,121	84,284	4.44	8.54	7.93	5.20
60 - 64	51,327	52,793	55,034	57,702	60,458	2.86	4.24	4.85	4.78
65 - 69	45,696	46,028	46,257	46,704	47,409	0.73	0.50	0.97	1.51
70 - 74	36,743	38,120	39,356	40,145	40,746	3.75	3.24	2.00	1.50
75 - 79	25,483	26,375	27,161	28,313	29,533	3.50	2.98	4.24	4.31
80 - 84	14,508	15,377	16,519	17,461	18,292	5.99	7.43	5.70	4.76
85 and Older	10,318	10,772	11,157	11,538	11,817	4.40	3.57	3.41	2.42

Continued

(1) The population figures are as of March 31, calculated in July.

Table 1.3
Distribution of Population by Age and Gender
For the Service Years Ended March 31, 2000 to March 31, 2004[1]

Gender / Age Group	Female					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Total	1,480,630	1,505,318	1,537,598	1,563,460	1,583,895	1.67%	2.14%	1.68%	1.31%
Under 1	18,838	18,136	18,328	19,011	19,558	(3.73)	1.06	3.73	2.88
1 - 4	76,612	76,140	76,540	76,355	76,344	(0.62)	0.53	(0.24)	(0.01)
5 - 9	105,145	104,292	103,296	102,117	101,453	(0.81)	(0.96)	(1.14)	(0.65)
10 - 14	109,792	110,669	111,814	112,525	111,690	0.80	1.03	0.64	(0.74)
15 - 19	107,670	110,384	112,718	113,375	113,909	2.52	2.11	0.58	0.47
20 - 24	103,275	105,596	109,473	113,061	116,060	2.25	3.67	3.28	2.65
25 - 29	105,973	106,447	109,158	111,264	113,048	0.45	2.55	1.93	1.60
30 - 34	111,224	111,888	113,281	114,252	114,305	0.60	1.24	0.86	0.05
35 - 39	133,443	130,037	127,310	123,434	119,850	(2.55)	(2.10)	(3.04)	(2.90)
40 - 44	130,328	133,362	136,154	138,118	138,462	2.33	2.09	1.44	0.25
45 - 49	108,202	114,489	120,620	125,698	129,400	5.81	5.36	4.21	2.95
50 - 54	88,221	93,203	96,098	99,149	103,910	5.65	3.11	3.17	4.80
55 - 59	63,942	66,874	72,741	78,423	82,807	4.59	8.77	7.81	5.59
60 - 64	51,509	52,929	55,102	57,528	60,176	2.76	4.11	4.40	4.60
65 - 69	46,482	47,001	47,381	48,199	49,171	1.12	0.81	1.73	2.02
70 - 74	40,933	41,956	42,892	43,517	43,808	2.50	2.23	1.46	0.67
75 - 79	34,297	34,945	35,156	35,759	36,427	1.89	0.60	1.72	1.87
80 - 84	23,304	24,553	26,032	27,350	28,324	5.36	6.02	5.06	3.56
85 and Older	21,440	22,417	23,504	24,325	25,193	4.56	4.85	3.49	3.57

(1) The population figures are as of March 31, calculated in July.

Section 2: Basic Health Services — (Physicians and Allied Health Practitioners)

Summary

Basic health services include all medically required services performed by physicians and dental/oral surgeons that are paid on a fee-for-service basis and those that are paid under the terms of Alternative Relationship Plans (ARPs)*. Certain podiatry, optometry and chiropractic services are fully or partially covered by the AHCIP. Fee-for-service items and rates payable by the AHCIP are published in individual schedules of benefits.

The number of registered Albertans who received at least one medical service during the year was 2,689,453 or 85.0 per cent of the total number of people eligible for health coverage.

Data are provided for fee-for-service payments, organized by practitioner specialty and type of service, by patient age and gender, and by the percentage of change in schedules of benefits (AHCIP approved services and rates). Unless otherwise noted, pathology services are included in the data.

Most tables only include in-province expenditures. However, Tables 2.18 to 2.20 provide selected statistics for services provided outside Canada.

Only practitioner data are provided. Hospital and non-hospital surgical facility costs associated with these services, with the exception of out-of-country hospital services, are not reported in the Supplement.

*ARP data is included in Table 2.17.

Alternative Relationship Plans

Alternative Relationship Plans (ARPs) (previously Alternate Payment Plans) have an important role to play in health care delivery as they involve both alternate methods of remunerating physicians and can encourage innovation in clinical service. As well, ARPs may enhance the following five key dimensions:

- recruitment and retention
- team-based approach
- access to health services
- patient satisfaction
- value for money

Approximately 250 physicians in Alberta currently practice under part-time or full-time non-academic ARP agreements.

Several different ARP models are available to physicians and RHAs, including contractual, sessional (hourly) and capitation (population-based) models. Physicians who want to participate in an ARP are required to submit a proposal to Alberta Health & Wellness (AHW).

Academic ARPs (previously Alternate Funding Plans) provide a means of amalgamating and integrating the various sources of funding that are used to compensate physicians within an academic department for the variety of services that they provide. Responsibility is shared between AHW, Alberta Learning, Science Innovation and Technology, the University of Alberta, the University of Calgary and the RHAs. AHW provides grant funding for

Academic ARPs. The physicians who participate in an Academic ARP arrangement provide defined services (deliverables) in four major activity areas. They are:

- Medical Education
- Research
- Clinical Service
- Administration/Leadership

Academic ARPs were developed by the Government of Alberta in an effort to find a more appropriate and equitable way of funding Academic Health Centres (AHCs) while addressing their educational, research and recruitment needs. Most AHCs receive funding from multiple sources, which include the following:

- clinical services funded via fee-for-service billing to the AHCIP;
- education funded through provincial grants to the university; and
- research funding through government grants, non-profit organizations or corporations.

Date of Service Data

Data are reported on a date-of-service rather than date-of-payment basis. Practitioners have 180 days from the date of service to submit their claims to the AHCIP for payment. Most claims are paid within 30 days of the date of service.

Total Basic Health Services — Payments

The AHCIP issued $1.27 billion in fee-for-service payments to Alberta physicians for basic health services in 2003/2004. This represents a 3.9 per cent increase over the previous year.

Allied health payments (to dental/oral surgeons, chiropractors, optometrists and podiatrists) increased 5.8 per cent over the previous year at a total cost of $65.3 million in 2003/2004.

Practitioner	Overall Payments	Percentage Change Compared to 2002/2003
Physicians*	$1,272,779,982	3.85
Dental/Oral Surgeons	$2,404,042	0.40
Chiropractors	$39,038,527	5.76
Optometrists	$16,679,907	7.32
Podiatrists	$7,149,189	4.13
Total*	**$1,338,051,646**	**3.94**

*Not included above is $17,461,049 in manual payments made to Alberta physicians during the period October 1, 2003 to March 31, 2004. These payments were made to address the 2.7 per cent fee increase negotiated through the Master Agreement and implemented retroactive to October 1, 2003.

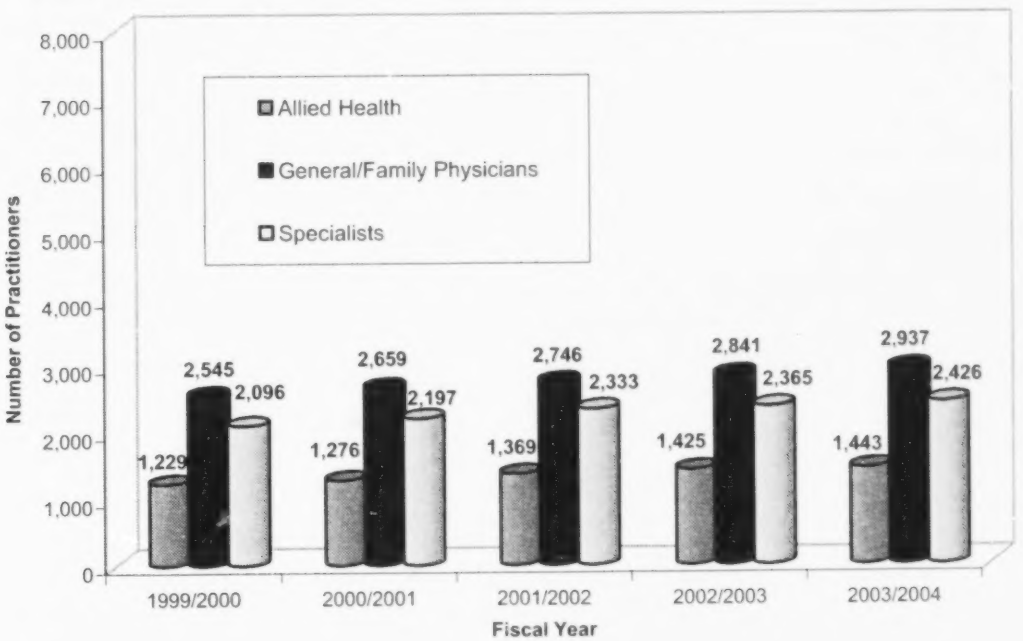
Number of Practitioners Who Billed AHCIP Fee-For-Service

The number of Alberta practitioners who received fee-for-service payments during 2003/2004 increased by 2.64 per cent over last year.

Practitioner	Number	Percentage Change Compared to 2002/2003
Physicians	5,363	3.02
Dental/Oral Surgeons	216	(7.69)
Chiropractors	816	1.87
Optometrists	358	5.29
Podiatrists	53	6.00
Total	**6,806**	**2.64**

Figure 2 provides a comparison of the number of Alberta practitioners who received payments for basic health services over the past five years.

Figure 2
Number of Alberta Practitioners Who Received Payment For Basic Health Services for the Service Years Ended March 31, 2000 to 2004



Average Payments by Practitioner Type

The average payment per physician was $237,326 (a 0.81 per cent increase over the previous year) and the median payment was $198,980 (a 0.25 per cent increase). Two hundred fifty-two (252) physicians received less than $10,000 in payments (an increase of 32 over the previous year), and 71 received more than $1 million in payments (an increase of 10 physicians over the previous year).

Practitioner	Average Payments	Percentage Change Compared to 2002/2003
Physicians	$237,326	0.81
Dental/Oral Surgeons	$11,130	8.77
Chiropractors	$47,841	3.82
Optometrists	$46,592	-1.92
Podiatrists	$134,890	(1.77)
Total	**$196,599**	**1.27**

Payments to General and Family Physicians

Alberta Health and Wellness paid 2,937 general and family physicians fees for basic health services: 3.38 per cent more than the previous year. The average payment was $192,352 (a 0.52 per cent increase over the previous year). The annual median payment was $182,226. Forty-one (41) general/family physicians received more than $500,000 in payments. This was an increase of one physician compared to the previous year.

Payments to Physician Specialists

A total of 2,406 physician specialists (excluding pathologists) received payments in 2003/2004: a 2.56 per cent increase over the previous year. The average payment was $292,380, and the median payment was $237,148.

Highest Average Payments (Excluding Pathologists and Radiologists)

Three hundred sixty-three (363) specialists (15.1 per cent) received more than $500,000 in fee-for-service payments. The average payment increased 1.18 per cent, and the median payment increased 0.80 per cent.

Specialty	Average Payment
Ophthalmology	$592,035
Cardiovascular & Thoracic Surgery	$548,864
Dermatology	$493,553
Cardiology	$464,413
Otolaryngology	$461,734

Medical Assessments

Assessments (office visits) and consultations accounted for 46.3 per cent of fee-for-service payments to Alberta physicians in 2003/2004. These services accounted for 69.4 per cent of payments to general/family physicians.

Total Payments, Excluding Pathology

The AHCIP issued $1.34 billion in fee-for-service payments to Alberta practitioners for basic health services in 2003/2004 compared to $1.28 billion the previous year.

Total payments, excluding pathology, for physician services increased to $1.27 billion in 2003/2004: a 3.83 per cent increase compared to the previous year.

Practitioner	Overall Payments	Percentage Change Compared to 2002/2003
Physicians*	$1,268,402,472	3.83
Dental/Oral Surgeons	$2,404,042	0.40
Chiropractors	$39,038,527	5.76
Optometrists	$16,679,907	7.32
Podiatrists	$7,149,189	4.13
Total	**$1,333,674,137**	**3.93**

*excludes pathology

Pathology

The AHCIP paid $4.4 million for pathology in 2003/2004 (see Explanatory Notes, page 24).

Patients Receiving Physician Services

Of the 3,165,157 people entitled to basic health services in 2003/2004, 85.0 per cent or 2,689,453 people received at least one physician service during the year. A total of 75.5 per cent of these patients received fee-for-services amounting to $500 or less. Only 11.2 per cent of patients received more than $1,000 in fee for physician services. Payments for these patients accounted for 52.3 per cent of all physician expenditures.

Average Patient Payments by Age and Gender

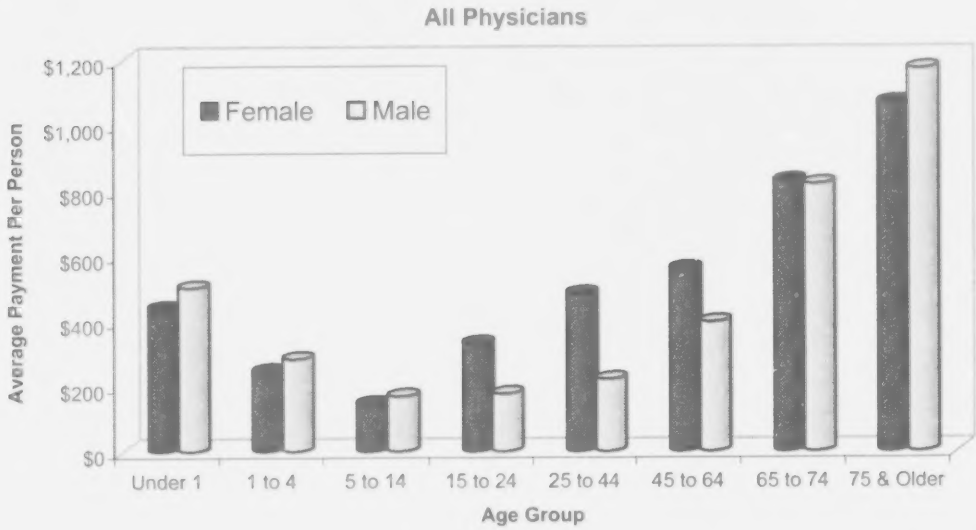
Figures 3 and 4 provide a summary of the annual average fee-for-service payments per Albertan, by age and gender, made to practitioners for basic health services.

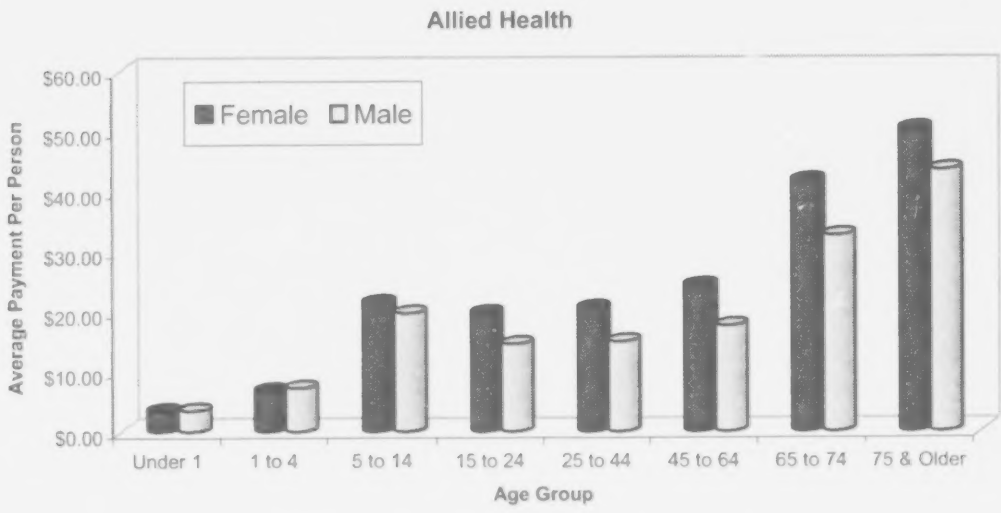
Did you know?

Compared to people in other provinces, and in many countries, Albertans are living longer and most of our years are spent in good health.

Source: Keeping Albertans Healthy, Fall 2004

Figures 3 & 4
Average Fee-For-Service Payment Per Albertan for Basic Health Services Broken Down By Age and Gender for the Fiscal Year April 1, 2003 to March 31, 2004
Average Costs Per Patient





The average cost per patient for basic health services has increased by $10.19 from last year. The cost was $481.40 in 2003/2004 compared to $471.21 in 2002/2003.

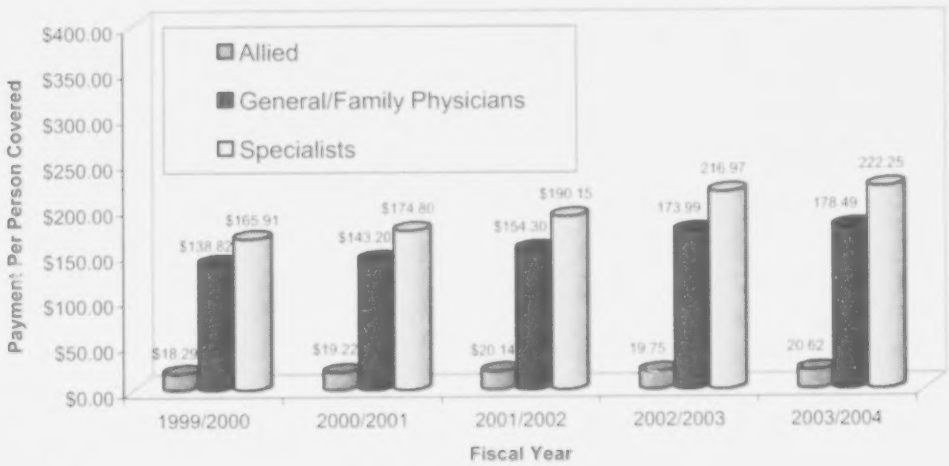
The total average cost per patient is not the sum of the average costs. It is the average of the total dollars paid for all practitioner types per patient.

Average Patient Costs by Practitioner Type

Practitioner	Average Cost/Patient	Percentage Change
Physicians	$473.25	2.02
Dental/Oral Surgeons	$219.09	13.86
Chiropractors	$89.50	2.47
Optometrists	$48.86	3.76
Podiatrists	$77.33	4.58
Total	$481.40	2.16

Figure 5 shows a five-year comparison of the average payment per person covered for basic health services and practitioner type. All years have been adjusted to exclude pathology services and payments. These numbers differ from average patient costs, which only include those individuals who actually received a service.

Figure 5
Average Basic Health Services (Excluding Pathology) Payment Per Person For the Fiscal Years Ended March 31, 2000 to 2004



Did you know?

In 2004, the vast majority of Albertans (88 per cent) rated their health as excellent, very good or good.

Source: Health Quality Council of Alberta

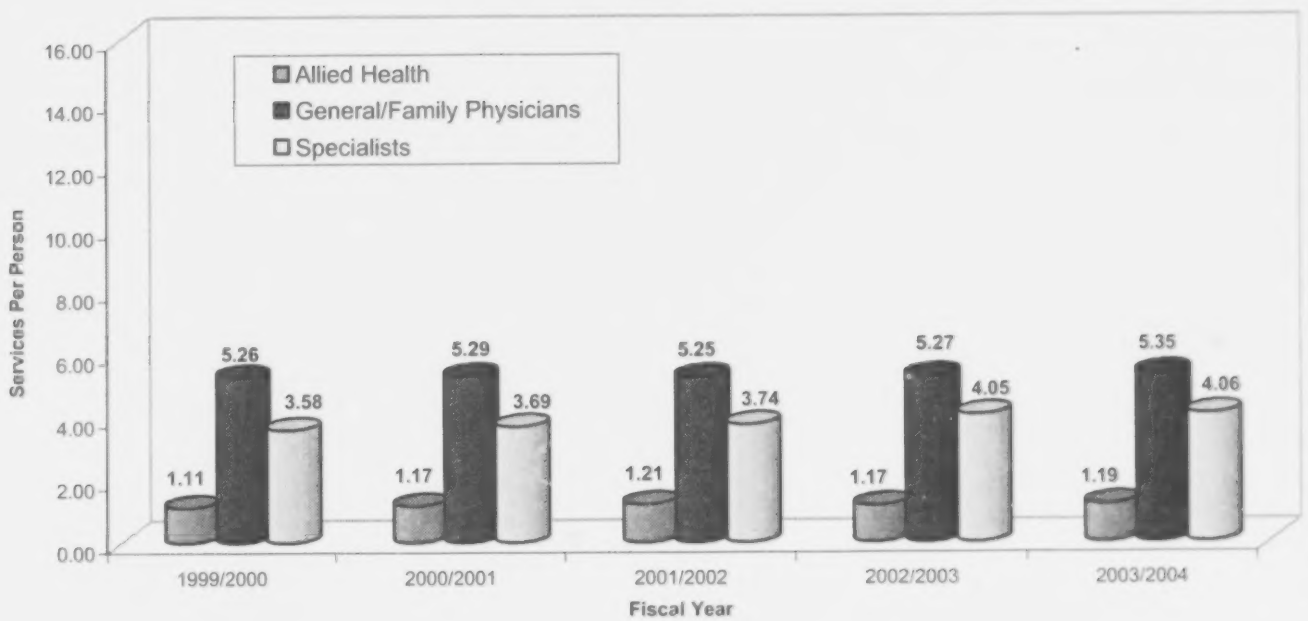
Physician Services and Physician Ratios

The number of physician services (excluding pathology) per 1,000 persons covered by the AHCIP increased to 9,412: a 1.07 per cent increase compared to 2002/2003.

The number of physicians (excluding pathology) per 1,000 patients increased to 1.69: a 1.81 per cent increase from 2002/2003.

Figure 6 provides a five-year comparison of the average number of basic health services per person and practitioner type. All years have been adjusted to exclude pathologists. Please see Explanatory Notes on page 23 for more details.

Figure 6
Average Number of Services Per Person for Basic Health Services (Excluding Pathology)
For the Fiscal Years Ended March 31, 2000 to 2004



Explanatory Notes

Definition of Practitioner

The term "practitioner" refers to all fee-for-service physicians and allied health practitioners (dental/oral surgeons, chiropractors, optometrists and podiatrists) who received payment for basic health services.

Discrete Patients

Unless otherwise noted, the data are based on the number of discrete patients. This is the number of individuals registered with the AHCIP who received a basic health service covered by the AHCIP. Individuals who are registered with the AHCIP but did not receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data.

Annual Medical Services Budget

An annual budget of $1,341,800,000 paid through the AHCIP for fee-for-service, benefits and Alternative Relationship Plan payments for physician services was established through a negotiated agreement between the Minister of Health and Wellness, the regional health authorities and the Alberta Medical Association for the 2003/2004 fiscal year.

Determining Payment Rates to Practitioners

The Alberta Medical Association and the Alberta Association of Optometrists negotiate agreements with Alberta Health and Wellness to determine payment rates. Payment rates for all other practitioner services covered under the AHCIP are set by Alberta Health and Wellness after consultation with the respective professional association.

Balance Billing

Physicians and dental/oral surgeons (by law) and optometrists (by agreement) are not allowed to bill patients additional amounts for basic health services covered under the AHCIP.

Payments Do Not Reflect Income

Payments to practitioners represent fee-for-service payments made by the AHCIP. These statistics cannot be used as an accurate measure of a practitioner's personal income because:

- some practitioners receive income from other sources (e.g., Workers' Compensation Board, balance billing, third party medicals, and for other services not covered by the AHCIP);
- both full-time and part-time practitioners are included in the statistics;
- salaried positions and contractual arrangements with regional health authorities or private employers are not included;
- payments for services rendered to non-Albertans are not included; and

- the figures quoted are payments from which practitioners pay business expenses such as office and staff expenses.

Each practitioner must submit claims for the services he or she provides. Under special circumstances, physicians can claim and are paid for services provided by medical residents and nurses they supervise and for diagnostic services provided by technicians.

Physician Data Source

Physician data in this section include all Alberta physicians who had fee-for-service billings of one dollar or more in the 2003/2004 fiscal year. For the purpose of the *Statistical Supplement*, in cases where a physician has multiple specialties, he or she has been included under the specialty in which he or she had the highest earnings.

Unless otherwise specified in the *Statistical Supplement*, the data are for payments made for services provided in Alberta.

Not included in the statistics is $17,461,049 in manual payments made to Alberta physicians for the period October 1, 2003 to March 31, 2004. These payments were made to address the 2.7 per cent fee increase negotiated through the Master Agreement and implemented retroactive to October 1, 2003. ARP expenditures are reported separately in Table 2.17 (page 60).

Pathology Services

Most laboratory services are paid by the regional health authorities. A few select pathology health services, such as minor consultations, electrocardiograms (technical) and skin tests, are still paid for by the AHCIP. These figures are listed separately whenever possible to allow for year-over-year comparisons.

Chiropractic, Optometry and Podiatry

During the 2003/2004 year, the maximum benefit was $12.91 for a chiropractic visit and $21.37 for an x-ray, with an annual patient limit of $200.

Children (18 and under) and residents who are 65 and older are entitled to one complete and one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers the patient to an optometrist. Optometry services for Albertans aged 19 to 64 are not covered by the AHCIP.

Podiatry services covered by the AHCIP are paid at a set rate per service, and the maximum annual benefit per patient is $250.

Table 2.1
Medical and Allied Practitioners: Selected Indicators
For the Service Years Ended March 31, 2000 to March 31, 2004

Indicators	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
REGISTRATIONS					
Population Covered	2,957,045	3,007,582	3,072,384	3,124,487	3,165,157
Number of Discrete Physician Patients [1]	2,536,934	2,572,066	2,601,914	2,642,193	2,689,453
Number of Discrete Patients Per Physician [2]	547	530	512	508	501
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	26,341,975	27,233,744	27,842,671	29,328,923	30,044,400
Number of Physicians	4,641	4,856	5,079	5,206	5,363
Number of Physicians Per 1,000 Persons	1.57	1.61	1.65	1.67	1.69
Number of Services Per Physician	5,676	5,608	5,482	5,634	5,602
Number of Services Per 1,000 Persons	8,908	9,055	9,062	9,387	9,492
Total Physician Payments	$903,542,952	$959,073,855	$1,061,169,693	$1,225,626,637	$1,272,779,982
Physician Payment Per 1,000 Persons	$305,556	$318,885	$345,390	$392,265	$402,122
Average Payment Per Physician	$194,687	$197,503	$208,933	$235,426	$237,326
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	26,143,637	27,008,559	27,633,998	29,096,188	29,790,613
Number of Physicians	4,622	4,835	5,057	5,187	5,343
Number of Physicians Per 1,000 Persons	1.56	1.61	1.65	1.66	1.69
Number of Services Per Physician	5,656	5,586	5,465	5,609	5,576
Number of Services Per 1,000 Persons	8,841	8,980	8,994	9,312	9,412
Total Physician Payments	$901,117,280	$956,420,889	$1,058,282,619	$1,221,557,525	$1,268,402,472
Physician Payment Per 1,000 Persons	$304,736	$318,003	$344,450	$390,963	$400,739
Average Payment Per Physician	$194,963	$197,812	$209,271	$235,504	$237,395
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	3,290,992	3,518,304	3,731,537	3,640,251	3,777,986
Number of Allied Practitioners	1,229	1,276	1,369	1,425	1,443
Number of Allied Practitioners Per 1,000 Persons	0.42	0.42	0.45	0.46	0.46
Number of Services Per Allied Practitioner	2,678	2,757	2,726	2,555	2,618
Number of Discrete Allied Patients [3]	703,909	745,461	787,743	787,371	807,961
Number of Discrete Patients Per Allied Practitioner	573	584	575	553	560
Total Payments to Allied Practitioners	$54,084,016	$57,804,028	$61,885,776	$61,714,534	$65,271,664
Allied Practitioner Payment Per 1,000 Persons	$18,290	$19,219	$20,143	$19,752	$20,622
Average Payment Per Allied Practitioner	$44,007	$45,301	$45,205	$43,308	$45,233

Continued...

(1) "Number of Discrete Physician Patients" contains the actual count of patients receiving at least one service.

(2) "Number of Discrete Patients Per Physician" in this instance refers to all Physicians, including Pathology.

(3) "Number of Discrete Allied Patients" represents a discrete count within all Allied Practitioners.

Table 2.1
Medical and Allied Practitioners: Selected Indicators
For the Service Years Ended March 31, 2000 to March 31, 2004

Indicators	Percentage Change			
	2001/2000	2002/2001	2003/2002	2004/2003
REGISTRATIONS				
Population Covered	1.71	2.15	1.70	1.30
Number of Discrete Physician Patients [1]	1.38	1.16	1.55	1.79
Number of Discrete Patients Per Physician [2]	(3.11)	(3.40)	(0.78)	(1.38)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	3.39	2.24	5.34	2.44
Number of Physicians	4.63	4.59	2.50	3.02
Number of Physicians Per 1,000 Persons	2.55	2.48	1.21	1.20
Number of Services Per Physician	(1.19)	(2.25)	2.77	(0.56)
Number of Services Per 1,000 Persons	1.65	0.08	3.58	1.12
Total Physician Payments	6.15	10.65	15.50	3.85
Physician Payment Per 1,000 Persons	4.36	8.31	13.57	2.51
Average Payment Per Physician	1.45	5.79	12.68	0.81
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	3.31	2.32	5.29	2.39
Number of Physicians	4.61	4.59	2.57	3.01
Number of Physicians Per 1,000 Persons	3.21	2.48	0.61	1.81
Number of Services Per Physician	(1.24)	(2.18)	2.65	(0.60)
Number of Services Per 1,000 Persons	1.57	0.16	3.54	1.07
Total Physician Payments	6.14	10.65	15.43	3.83
Physician Payment Per 1,000 Persons	4.35	8.32	13.50	2.50
Average Payment Per Physician	1.46	5.79	12.54	0.80
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	6.91	6.06	(2.45)	3.78
Number of Allied Practitioners	3.82	7.29	4.09	1.26
Number of Allied Practitioners Per 1,000 Persons	0.00	7.14	2.22	0.00
Number of Services Per Allied Practitioner	2.97	(1.14)	(6.28)	2.49
Number of Discrete Allied Patients [3]	5.90	5.67	(0.05)	2.62
Number of Discrete Patients Per Allied Practitioner	2.00	(1.51)	(3.98)	1.34
Total Payments to Allied Practitioners	6.88	7.06	(0.28)	5.76
Allied Practitioner Payment Per 1,000 Persons	5.08	4.80	(1.94)	4.40
Average Payment Per Allied Practitioner	2.94	(0.21)	(4.20)	4.44

(1) "Number of Discrete Physician Patients" contains the actual count of patients receiving at least one service.

(2) "Number of Discrete Patients Per Physician" in this instance refers to all Physicians, including Pathology.

(3) "Number of Discrete Allied Patients" represents a discrete count within all Allied Practitioners.

Table 2.1A
Number of Services and Total Payments by Category Code to Allied Practitioners
For the Service Year April 1, 2003 to March 31, 2004

Practitioner Type	Category Code	Number of Services	Total Payments
Chiropractors	Visit	3,015,089	$38,510,077
	Test	24,912	528,450
Dental/Oral Surgeons	Procedures	8,788	2,040,272
	Visit	6,014	363,769
Optometrists	Visit	431,148	16,679,907
Podiatrists	Procedures	93,745	2,170,147
	Test	13,574	189,443
	Visit	184,716	4,789,598
Total		3,777,986	65,271,664

Table 2.2
Number of Physicians and Average Payments to Physicians Within Age Group
For the Service Years Ended March 31, 2000 to March 31, 2004

Age Group	Number of Physicians					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Under 30	121	104	104	115	104	(14.05)	0.00	10.58	(9.57)
30 - 34	549	591	628	649	631	7.65	6.26	3.34	(2.77)
35 - 39	679	718	759	747	808	5.74	5.71	(1.58)	8.17
40 - 44	894	883	866	818	824	(1.23)	(1.93)	(5.54)	0.73
45 - 49	834	883	926	977	964	5.88	4.87	5.51	(1.33)
50 - 54	622	664	714	744	794	6.75	7.53	4.20	6.72
55 - 59	353	402	443	478	518	13.88	10.20	7.90	8.37
60 - 64	267	271	281	298	314	1.50	3.69	6.05	5.37
65 & Over	322	340	358	380	406	5.59	5.29	6.15	6.84
Total	4,641	4,856	5,079	5,206	5,363	4.63%	4.59%	2.50%	3.02%

Age Group	Average Payments					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Under 30	$104,955	$114,515	$97,942	$100,734	$114,401	9.11	(14.47)	2.85	13.57
30 - 34	152,832	161,202	168,171	187,875	176,936	5.48	4.32	11.72	(5.82)
35 - 39	178,839	178,358	190,534	219,670	224,836	(0.27)	6.83	15.29	2.35
40 - 44	198,712	212,992	215,259	237,551	239,150	7.19	1.06	10.36	0.67
45 - 49	241,726	227,703	246,589	271,981	262,462	(5.80)	8.29	10.30	(3.50)
50 - 54	218,775	223,468	243,484	278,446	289,336	2.15	8.96	14.36	3.91
55 - 59	219,906	221,848	230,657	262,729	274,110	0.88	3.97	13.90	4.33
60 - 64	208,268	208,483	215,081	255,815	255,467	0.10	3.16	18.94	(0.14)
65 & Over	114,739	119,515	138,365	155,245	161,471	4.16	15.77	12.20	4.01
Total	$194,687	$197,503	$208,933	$235,426	$237,326	1.45%	5.79%	12.68%	0.81%

Table 2.2A
Number of Chiropractors and Average Payments to Chiropractors Within Age Group
For the Service Years Ended March 31, 2000 to March 31, 2004

	Number of Chiropractors					Percentage Change			
Age Group	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Under 30	126	120	123	115	94	(4.76)	2.50	(6.50)	(18.26)
30 - 34	154	177	203	227	229	14.94	14.69	11.82	0.88
35 - 39	88	111	128	152	168	26.14	15.32	18.75	10.53
40 - 44	87	79	82	84	91	(9.20)	3.80	2.44	8.33
45 - 49	69	74	74	73	81	7.25	0.00	(1.35)	10.96
50 - 54	57	65	63	67	73	14.04	(3.08)	6.35	8.96
55 - 59	35	34	41	47	45	(2.86)	20.59	14.63	(4.26)
60 - 64	14	13	15	18	21	(7.14)	15.38	20.00	16.67
65 & Over	15	16	16	18	14	6.67	0.00	12.50	(22.22)
Total	645	689	745	801	816	6.82%	8.13%	7.52%	1.87%

	Average Payments					Percentage Change			
Age Group	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Under 30	$26,172	$30,356	$27,210	$22,848	$24,323	15.99	(10.36)	(16.03)	6.45
30 - 34	45,667	44,105	45,078	38,397	37,890	(3.42)	2.21	(14.82)	(1.32)
35 - 39	58,262	55,995	52,142	47,903	51,311	(3.89)	(6.88)	(8.13)	7.11
40 - 44	76,080	72,200	70,991	60,056	52,171	(5.10)	(1.67)	(15.40)	(13.13)
45 - 49	63,309	67,107	69,267	67,237	69,103	6.00	3.22	(2.93)	2.78
50 - 54	68,323	65,171	65,630	56,684	60,154	(4.61)	0.70	(13.63)	6.12
55 - 59	60,604	61,125	59,692	59,791	59,960	0.86	(2.35)	0.17	0.28
60 - 64	82,606	89,682	90,899	71,178	49,934	8.57	1.36	(21.70)	(29.85)
65 & Over	31,617	36,565	29,419	24,718	69,440	15.65	(19.54)	(15.98)	180.93
Total	$52,852	$52,830	$51,725	$46,082	$47,841	-0.04%	-2.09%	-10.91%	3.82%

Table 2.2B
Number of Dental/Oral Surgeons and Average Payments to Dental/Oral Surgeons Within Age Group
For the Service Years Ended March 31, 2000 to March 31, 2004

Age Group	Number of Dental/Oral Surgeons					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Under 30	9	10	17	10	7	11.11	70.00	(41.18)	(30.00)
30 - 34	44	35	30	26	18	(20.45)	(14.29)	(13.33)	(30.77)
35 - 39	47	41	41	46	45	(12.77)	0.00	12.20	(2.17)
40 - 44	47	44	49	39	36	(6.38)	11.36	(20.41)	(7.69)
45 - 49	43	40	45	42	39	(6.98)	12.50	(6.67)	(7.14)
50 - 54	29	33	28	35	32	13.79	(15.15)	25.00	(8.57)
55 - 59	14	14	20	22	20	0.00	42.86	10.00	(9.09)
60 - 64	9	8	11	7	12	(11.11)	37.50	(36.36)	71.43
65 & Over	8	7	9	7	7	(12.50)	28.57	(22.22)	0.00
Total	250	232	250	234	216	-7.20%	7.76%	-6.40%	-7.69%

Age Group	Average Payments					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Under 30	$324	$448	$119	$199	$649	38.28	(73.44)	66.97	226.80
30 - 34	1,566	3,200	2,136	4,909	7,002	104.38	(33.25)	129.85	42.63
35 - 39	7,863	8,109	7,966	2,332	3,556	3.12	(1.76)	(70.73)	52.51
40 - 44	8,642	7,029	6,571	13,657	13,233	(18.66)	(6.51)	107.82	(3.10)
45 - 49	12,617	13,794	12,067	13,065	12,592	9.32	(12.52)	8.27	(3.62)
50 - 54	10,873	17,492	24,840	18,221	21,126	60.88	42.01	(26.65)	15.94
55 - 59	12,709	7,850	7,927	17,119	19,883	(38.23)	0.99	115.95	16.15
60 - 64	21,068	8,708	4,148	6,340	2,564	(58.66)	(52.37)	52.85	(59.56)
65 & Over	2,385	7,093	1,167	2,498	5,934	197.43	(83.55)	114.06	137.59
Total	$8,368	$9,122	$8,672	$10,233	$11,130	9.01%	-4.94%	18.00%	8.77%

Table 2.2C
Number of Optometrists and Average Payments to Optometrists Within Age Group
For the Service Years Ended March 31, 2000 to March 31, 2004

Age Group	Number of Optometrists					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Under 30	55	53	52	48	47	(3.64)	(1.89)	(7.69)	(2.08)
30 - 34	50	66	71	86	86	32.00	7.58	21.13	0.00
35 - 39	30	28	36	40	48	(6.67)	28.57	11.11	20.00
40 - 44	38	36	36	32	31	(5.26)	0.00	(11.11)	(3.13)
45 - 49	41	43	45	44	45	4.88	4.65	(2.22)	2.27
50 - 54	36	36	32	31	39	0.00	(11.11)	(3.13)	25.81
55 - 59	21	25	31	34	37	19.05	24.00	9.68	8.82
60 - 64	11	14	16	16	14	27.27	14.29	0.00	(12.50)
65 & Over	11	10	7	9	11	(9.09)	(30.00)	28.57	22.22
Total	293	311	326	340	358	6.14%	4.82%	4.29%	5.29%

Age Group	Average Payments					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Under 30	$38,580	$35,730	$36,879	$38,632	$41,668	(7.39)	3.22	4.75	7.86
30 - 34	37,528	40,963	45,326	46,702	49,791	9.15	10.65	3.04	6.62
35 - 39	48,920	45,941	43,026	41,370	40,707	(6.09)	(6.34)	(3.85)	(1.60)
40 - 44	45,979	48,492	47,112	47,531	48,266	5.46	(2.84)	0.89	1.55
45 - 49	47,029	46,503	54,326	54,047	53,726	(1.12)	16.82	(0.51)	(0.59)
50 - 54	47,393	48,329	46,212	45,682	48,510	1.97	(4.38)	(1.15)	6.19
55 - 59	46,708	55,282	56,137	55,539	49,964	18.36	1.55	(1.07)	(10.04)
60 - 64	20,150	22,116	26,224	36,224	39,342	9.76	18.57	38.13	8.61
65 & Over	21,988	17,282	26,799	25,967	25,429	(21.40)	55.06	(3.10)	(2.07)
Total	$41,952	$42,551	$44,944	$45,713	$46,592	1.43%	5.62%	1.71%	1.92%

Table 2.2D
Number of Podiatrists and Average Payments to Podiatrists Within Age Group
For the Service Years Ended March 31, 2000 to March 31, 2004

Age Group	Number of Podiatrists					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Under 35	14	13	15	12	10	(7.14)	15.38	(20.00)	(16.67)
35 - 39	9	14	12	14	16	55.56	(14.29)	16.67	14.29
40 - 44	8	6	7	7	9	(25.00)	16.67	0.00	28.57
45 - 49	3	2	5	6	5	(33.33)	150.00	20.00	(16.67)
50 - 54	3	5	4	5	7	66.67	(20.00)	25.00	40.00
55 & Over	4	4	5	6	6	0.00	25.00	20.00	0.00
Total	41	44	48	50	53	7.32%	9.09%	4.17%	6.00%

Age Group	Average Payments					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Under 35	$142,501	$150,516	$140,868	$154,447	$113,058	5.62	(6.41)	9.64	(26.80)
35 - 39	146,392	135,072	146,647	143,923	163,618	(7.73)	8.57	(1.86)	13.68
40 - 44	109,007	136,107	142,352	154,388	158,694	24.86	4.59	8.46	2.79
45 - 49	128,283	103,064	101,144	101,436	115,237	(19.66)	(1.86)	0.29	13.61
50 - 54	142,392	120,199	133,588	120,581	99,483	(15.59)	11.14	(9.74)	(17.50)
55 & Over	153,502	145,808	124,366	117,549	116,652	(5.01)	(14.71)	(5.48)	(0.76)
Total	$136,845	$137,607	$136,066	$137,316	$134,890	0.56%	-1.12%	0.92%	-1.77%

Table 2.3
Distribution of Physician and Allied Practitioner Payments and Services Per Patient
For the Service Year April 1, 2003 to March 31, 2004

Practitioner Type	Total Payments[1]	Number of Services	Average Cost Per Service	Number of Discrete Patients[2]	Average Cost Per Discrete Patient	Services Per Discrete Patient
Total	$1,338,051,646	33,822,386	$39.56	2,779,490	$481.40	12
Physicians	1,272,779,982	30,044,400	42.36	2,689,453	473.25	11
Dental/Oral Surgeons	2,404,042	14,802	162.41	10,973	219.09	1
Chiropractors	39,038,527	3,040,001	12.84	436,209	89.50	7
Optometrists	16,679,907	431,148	38.69	341,368	48.86	1
Podiatrists	7,149,189	292,035	24.48	92,448	77.33	3

(1) The sums of the payments may not match the totals due to rounding.

(2) "Number of Discrete Patients" contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.

Table 2.4
Total Number of Services Provided by Physicians and Allied Practitioners
For the Service Years Ended March 31, 2000 to March 31, 2004

Practitioner Type	Number of Services					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Total	29,632,967	30,752,048	31,574,208	32,969,174	33,822,386	3.78%	2.67%	4.42%	2.59%
Physicians	26,341,975	27,233,744	27,842,671	29,328,923	30,044,400	3.39	2.24	5.34	2.44
Dental/Oral Surgeons	14,292	14,708	14,585	16,759	14,802	2.91	(0.84)	14.91	(11.68)
Chiropractors	2,691,239	2,873,971	3,043,585	2,916,471	3,040,001	6.79	5.90	(4.18)	4.24
Optometrists	345,207	372,318	398,550	420,149	431,148	7.85	7.05	5.42	2.62
Podiatrists	240,254	257,307	274,817	286,872	292,035	7.10	6.81	4.39	1.80

Table 2.5
Distribution of Optometry Payments and Services Per Patient By Patient Age Group
For the Service Years Ended March 31, 2000 to March 31, 2004

Year	Age Group	Total Optometry Payments	Number of Optometry Services	Average Cost Per Service	Number of Discrete Patients[1]	Average Cost Per Discrete Patient	Number of Services Per Patient	Population Covered
1999/2000	0 to 18	$8,303,112	227,737	$36.46	200,167	$41.48	1.14	813,987
	65 & Older	3,988,746	117,470	33.96	83,226	47.93	1.41	299,204
2000/2001	0 to 18	8,741,515	240,972	36.28	210,033	41.62	1.15	815,505
	65 & Older	4,491,726	131,346	34.20	89,416	50.23	1.47	307,544
2001/2002	0 to 18	9,098,288	251,481	36.18	218,622	41.62	1.15	819,846
	65 & Older	5,553,419	147,069	37.76	97,492	56.96	1.51	315,415
2002/2003	0 to 18	10,010,029	274,109	36.52	233,597	42.85	1.17	820,551
	65 & Older	5,532,274	146,040	37.88	96,426	57.37	1.51	323,311
2003/2004	0 to 18	10,439,408	275,355	37.91	236,503	44.14	1.16	820,336
	65 & Older	6,240,498	155,793	40.06	104,866	59.51	1.49	330,720

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.

Table 2.6
Total and Average Gross Payments to Physicians and Allied Practitioners by Practitioner Type
For the Service Years Ended March 31, 2000 to March 31, 2004

Practitioner Type	Number of Practitioners					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Total	5,870	6,132	6,448	6,631	6,806	4.46%	5.15%	2.84%	2.64%
Physicians	4,641	4,856	5,079	5,206	5,363	4.63	4.59	2.50	3.02
Dental/Oral Surgeons	250	232	250	234	216	(7.20)	7.76	(6.40)	(7.69)
Chiropractors	645	689	745	801	816	6.82	8.13	7.52	1.87
Optometrists	293	311	326	340	358	6.14	4.82	4.29	5.29
Podiatrists	41	44	48	50	53	7.32	9.09	4.17	6.00

Practitioner Type	Total Payments[1]					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Total	$957,626,968	$1,016,877,883	$1,123,055,469	$1,287,341,171	$1,338,051,646	6.19%	10.44%	14.63%	3.94%
Physicians	903,542,952	959,073,855	1,061,169,693	1,225,626,637	1,272,779,982	6.15	10.65	15.50	3.85
Dental/Oral Surgeons	2,092,003	2,116,386	2,167,898	2,394,458	2,404,042	1.17	2.43	10.45	0.40
Chiropractors	34,089,521	36,399,695	38,535,026	36,911,951	39,038,527	6.78	5.87	(4.21)	5.76
Optometrists	12,291,858	13,233,240	14,651,707	15,542,303	16,679,907	7.66	10.72	6.08	7.32
Podiatrists	5,610,635	6,054,707	6,531,145	6,865,822	7,149,189	7.91	7.87	5.12	4.13

Practitioner Type	Average Payment					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Total	$163,139	$165,831	$174,171	$194,140	$196,599	1.65%	5.03%	11.46%	1.27%
Physicians	194,687	197,503	208,933	235,426	237,326	1.45	5.79	12.68	0.81
Dental/Oral Surgeons	8,368	9,122	8,672	10,233	11,130	9.01	(4.94)	18.00	8.77
Chiropractors	52,852	52,830	51,725	46,082	47,841	(0.04)	(2.09)	(10.91)	3.82
Optometrists	41,952	42,551	44,944	45,713	46,592	1.43	5.62	1.71	1.92
Podiatrists	136,845	137,607	136,066	137,316	134,890	0.56	(1.12)	0.92	(1.77)

(1) The sums of the payments may not match the totals due to rounding.

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range
For the Service Years Ended March 31, 2000 to March 31, 2004

	Total					Physicians					Dental/Oral Surgeons				
Dollar Range	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Total	5,870	6,132	6,448	6,631	6,806	4,641	4,856	5,079	5,206	5,363	250	232	250	234	216
Less than $10,000	539	510	540	551	561	204	204	210	220	252	220	201	219	198	182
10,000- 19,999	226	252	238	277	295	123	136	122	142	159	6	6	10	13	9
20,000- 39,999	425	463	524	523	559	218	224	257	241	262	4	7	4	4	7
40,000- 59,999	463	494	489	526	508	248	271	251	210	209	8	5	2	7	3
60,000- 79,999	430	435	466	421	454	264	262	277	243	260	6	7	7	5	8
80,000- 99,999	355	397	399	326	339	272	295	291	255	247	1	2	4	1	2
100,000-119,999	331	356	329	299	297	276	303	284	253	252	1			1	1
120,000-139,999	343	334	335	271	283	313	311	302	243	252	1	1	1	1	1
140,000-159,999	310	304	320	296	293	294	282	298	282	277					
160,000-179,999	345	327	307	283	269	338	320	299	274	264	1			1	
180,000-199,999	283	287	288	270	269	280	282	284	265	263	1	2	1		
200,000-299,999	1,088	1,145	1,175	1,224	1,243	1,080	1,139	1,167	1,216	1,232	1	1	2	2	3
300,000-399,999	403	453	574	697	697	403	453	574	696	696				1	
400,000-499,999	154	153	194	301	332	154	153	194	301	332					
500,000-599,999	71	80	87	113	132	71	80	87	112	132					
600,000-699,999	38	57	80	80	78	37	56	79	80	77					
700,000-799,999	13	19	28	58	70	13	19	28	58	70					
800,000-899,999	13	14	19	36	34	13	14	19	36	34					
900,000-999,999	6	13	7	18	22	6	13	7	18	22					
1,000,000 & Over	34	39	49	61	71	34	39	49	61	71					

Continued...

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range
For the Service Years Ended March 31, 2000 to March 31, 2004

	Chiropractors					Optometrists					Podiatrists				
Dollar Range	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Total	645	689	745	801	816	293	311	326	340	358	41	44	48	50	53
Less than $10,000	89	73	93	101	88	25	32	16	30	36	1		2	2	3
10,000- 19,999	67	79	71	99	98	30	31	35	23	29					
20,000- 39,999	113	138	161	185	198	89	92	100	91	90	1	2	2	2	2
40,000- 59,999	128	142	147	193	194	78	75	87	115	98	1	1	2	1	4
60,000- 79,999	105	109	126	116	116	52	55	55	53	68	3	2	1	4	2
80,000- 99,999	66	74	75	48	64	15	21	27	18	21	1	5	2	4	5
100,000-119,999	46	47	33	34	30	2	3	5	8	11	6	3	7	3	3
120,000-139,999	20	13	23	17	20	2	1	1	1	4	7	8	8	9	6
140,000-159,999	7	9	10	4	3		1		1	1	9	12	12	9	12
160,000-179,999	2	3	4	2	1						4	4	4	6	4
180,000-199,999			1	1	2						2	3	2	4	4
200,000-299,999	1	1			1						6	4	6	6	7
300,000-399,999															1
400,000-499,999															
500,000-599,999				1											
600,000-699,999	1	1	1		1										
700,000-799,999															
800,000-899,999															
900,000-999,999															
1,000,000 & Over															

Table 2.8
Distribution of Physician Payments and Services Per Patient
For the Service Years Ended March 31, 2000 to March 31, 2004

Year	Total Physician Payments	Number of Services	Average Cost Per Service	Number of Discrete Patients[1]	Average Cost Per Discrete Patient	Number of Services Per Patient	Population Covered
1999/2000	$903,542,952	26,341,975	$34.30	2,536,934	$356.16	10.38	2,957,045
2000/2001	959,073,855	27,233,744	35.22	2,572,066	372.88	10.59	3,007,582
2001/2002	1,061,169,693	27,842,671	38.11	2,601,914	407.84	10.70	3,072,384
2002/2003	1,225,626,637	29,328,923	41.79	2,642,193	463.87	11.10	3,124,487
2003/2004	1,272,779,982	30,044,400	42.36	2,689,453	473.25	11.17	3,165,157
Percentage Change 2004/2003	3.85	2.44	1.37	1.79	2.02	0.64	1.30
Annual Average % Change for Last 5 Years	8.94	3.34	5.42	1.47	7.36	1.85	1.71

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.

Table 2.9
Distribution of Discrete Patients by Payment Range
For Services Provided by Physicians
For the Service Year April 1, 2003 to March 31, 2004

Dollar Range	Distribution Of		
	Discrete Patients[1]	Payments	Services
Total	2,689,453	$1,272,779,982	30,041,400
$ 0.01 - 50.00	291,201	8,739,951	301,648
50.01 - 100.00	457,085	32,235,098	977,177
100.01 - 200.00	546,917	79,503,093	2,291,261
200.01 - 300.00	340,866	83,878,209	2,343,058
300.01 - 400.00	232,050	80,510,316	2,167,124
400.01 - 500.00	161,098	72,034,047	1,897,513
500.01 - 600.00	115,332	63,131,364	1,613,490
600.01 - 700.00	85,139	55,157,359	1,371,052
700.01 - 800.00	65,269	48,817,065	1,186,540
800.01 - 900.00	51,577	43,737,100	1,031,123
900.01 - 1,000.00	41,612	39,462,104	908,796
1,000.01 - 2,000.00	195,346	270,919,002	5,817,078
2,000.01 - 3,000.00	57,784	139,506,582	2,887,276
3,000.01 - 4,000.00	22,111	75,760,787	1,601,607
4,000.01 - 5,000.00	9,611	42,713,219	932,043
5,000.01 and Over	16,455	136,674,685	2,717,614

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service during the fiscal year.

Table 2.9A
Percentage Distribution of Discrete Patients by Payment Range
For Services Provided by Physicians
For the Service Year April 1, 2003 to March 31, 2004

Dollar Range	Percentage Distribution		
	Discrete Patients[1]	Payments	Services
Total	100.00%	100.00%	100.00%
$ 0.01 - 50.00	10.83	0.69	1.00
50.01 - 100.00	17.00	2.53	3.25
100.01 - 200.00	20.34	6.25	7.63
200.01 - 300.00	12.67	6.59	7.80
300.01 - 400.00	8.63	6.33	7.21
400.01 - 500.00	5.99	5.66	6.32
500.01 - 600.00	4.29	4.96	5.37
600.01 - 700.00	3.17	4.33	4.56
700.01 - 800.00	2.43	3.84	3.95
800.01 - 900.00	1.92	3.44	3.43
900.01 - 1,000.00	1.55	3.10	3.02
1,000.01 - 2,000.00	7.26	21.29	19.36
2,000.01 - 3,000.00	2.15	10.96	9.61
3,000.01 - 4,000.00	0.82	5.95	5.33
4,000.01 - 5,000.00	0.36	3.36	3.10
5,000.01 and Over	0.61	10.74	9.05

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service during the fiscal year.

Table 2.10
Distribution of Physicians by Specialty
For the Service Years Ended March 31, 2000 to March 31, 2004

Physicians by Specialty	Number of Practitioners				
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Total: All Physicians	4,641	4,856	5,079	5,206	5,363
Subtotal:					
All Physicians (except Pathology)	4,622	4,835	5,057	5,187	5,343
All Specialists (except GP/FPs & Pathology)	2,077	2,176	2,311	2,346	2,406
Physicians by Specialty					
Anaesthesiology	215	237	245	262	260
Cardiovascular and Thoracic Surgery	17	18	21	22	22
Dermatology	34	35	36	34	34
Emergency Medicine	49	57	61	62	65
General/Family Physicians (GP/FPs)	2,545	2,659	2,746	2,841	2,937
- General/Family Physicians	2,521	2,633	2,594	2,669	2,760
- Full Time Emergency Room Physicians[1]	n.a.	n.a.	128	143	150
- Mental Health Generalist	19	18	16	19	19
- Other General Practice Physicians	5	8	8	10	8
General Surgery	139	146	142	144	150
- General Surgery designated specialty	132	135	129	131	137
- Other General Surgery	7	11	13	13	13
Internal Medicine	436	456	510	483	515
- Internal Medicine designated specialty	311	313	323	256	263
- Cardiology	51	54	57	63	66
- Endocrinology/Metabolism	8	7	7	7	7
- Gastroenterology	20	22	31	40	44
- Infectious Diseases	11	12	11	10	10
- Other Internal Medicine	35	48	81	107	125
Neurology	54	59	64	58	63
Neurosurgery	18	20	21	23	11
Obstetrics-Gynaecology	125	122	124	130	138
Ophthalmology	83	85	85	87	87
Orthopaedic Surgery	99	100	106	113	115
Otolaryngology	31	32	33	35	40
Paediatrics	215	231	227	236	229
Physical Medicine & Rehabilitation	23	23	26	28	29
Plastic Surgery	34	36	38	42	44
Psychiatry	299	299	317	320	329
- Psychiatry designated specialty	277	278	299	306	318
- Mental Health specialty	22	21	18	14	11
Urology	35	36	36	35	36
Laboratory Specialists	190	205	241	251	259
- Pathology	19	21	22	19	20
- Radiology	171	184	219	232	239

(1) New specialty effective January 1, 2001.

Table 2.10A
Distribution of Average Gross Payments
For the Service Years Ended March 31, 2000 to March 31, 2004

Physicians by Specialty	Average Payment					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Total: All Physicians	$194,687	$197,503	$208,933	$235,426	$237,326	1.45%	5.79%	12.68%	0.81%
Subtotal:									
All Physicians (except Pathology)	194,963	197,812	209,271	235,504	237,395	1.46	5.79	12.54	0.80
All Specialists (except GP/FPs & Pathology)	236,213	241,608	252,793	288,969	292,380	2.28	4.63	14.31	1.18
Physicians by Specialty									
Anaesthesiology	206,602	199,312	215,243	235,856	250,858	(3.53)	7.99	9.58	6.36
Cardiovascular and Thoracic Surgery	537,495	523,341	482,665	533,865	548,864	(2.63)	(7.77)	10.61	2.81
Dermatology	355,231	356,581	396,739	480,242	493,553	0.38	11.26	21.05	2.77
Emergency Medicine	137,378	143,422	147,411	178,498	164,810	4.40	2.78	21.09	(7.67)
General/Family Physicians (GP/FPs)	161,298	161,971	172,643	191,354	192,352	0.42	6.59	10.84	0.52
- General/Family Physicians	161,596	162,288	173,515	192,361	193,346	0.43	6.92	10.86	0.51
- Full Time Emergency Room Physicians[1]	n.a.	n.a.	165,081	185,968	179,229	n.a.	n.a.	n.a.	(3.62)
- Mental Health Generalist	139,057	155,982	139,951	146,280	189,103	12.17	(10.28)	4.52	29.27
- Other General Practice Physicians	95,495	71,066	76,233	85,231	103,109	(25.58)	7.27	11.80	20.98
General Surgery	245,272	257,268	274,810	317,109	315,223	4.89	6.82	15.39	(0.59)
- General Surgery designated specialty	244,355	258,432	275,892	314,859	313,119	5.76	6.76	14.12	(0.55)
- Other General Surgery	262,561	242,978	264,074	339,777	337,398	(7.46)	8.68	28.67	(0.70)
Internal Medicine	203,085	211,980	217,531	246,196	245,007	4.38	2.62	13.18	(0.48)
- Internal Medicine designated specialty	184,834	186,392	187,563	213,110	218,624	0.84	0.63	13.62	2.59
- Cardiology	372,429	407,983	422,672	465,895	464,413	9.55	3.60	10.23	(0.32)
- Endocrinology/Metabolism	91,101	82,369	81,283	121,532	123,705	(9.58)	(1.32)	49.52	1.79
- Gastroenterology	264,207	268,325	275,359	288,611	273,610	1.56	2.62	4.81	(5.20)
- Infectious Diseases	59,983	81,508	93,202	77,036	71,814	35.89	14.35	(17.35)	(6.78)
- Other Internal Medicine	154,151	184,023	199,204	204,109	195,251	19.38	8.25	2.46	(4.34)
Neurology	135,765	134,731	138,092	169,147	158,331	(0.76)	2.49	22.49	(6.39)
Neurosurgery	285,472	234,566	230,187	226,522	20,001	(17.83)	(1.87)	(1.59)	(91.17)
Obstetrics-Gynaecology	266,600	288,779	303,457	349,249	349,992	8.32	5.08	15.09	0.21
Ophthalmology	426,081	455,009	508,304	566,680	592,035	6.79	11.71	11.48	4.47
Orthopaedic Surgery	220,017	239,291	255,405	270,387	282,137	8.76	6.73	5.87	4.35
Otolaryngology	392,555	397,989	441,012	498,151	461,734	1.38	10.81	12.96	(7.31)
Paediatrics	125,915	125,727	139,214	149,438	140,337	(0.15)	10.73	7.34	(6.09)
Physical Medicine & Rehabilitation	97,400	102,649	94,196	110,263	111,880	5.39	(8.24)	17.06	1.47
Plastic Surgery	270,421	277,029	288,808	321,137	335,632	2.44	4.25	11.19	4.51
Psychiatry	152,007	159,515	167,590	199,280	200,098	4.94	5.06	18.91	0.41
- Psychiatry designated specialty	154,200	161,711	168,914	199,608	200,062	4.87	4.45	18.17	0.23
- Mental Health specialty	124,389	130,438	145,591	192,111	201,113	4.86	11.62	31.95	4.69
Urology	292,602	293,492	315,435	376,983	376,828	0.30	7.48	19.51	(0.04)
Laboratory Specialists	466,994	458,567	437,112	517,771	537,165	(1.80)	(4.68)	18.45	3.75
- Pathology	127,667	126,332	131,230	214,164	218,876	(1.05)	3.88	63.20	2.20
- Radiology	504,697	496,486	467,839	542,635	563,800	(1.63)	(5.77)	15.99	3.90

(1) New specialty effective January 1, 2001.

Table 2.10B
Distribution of Median Gross Payments
For the Service Years Ended March 31, 2000 to March 31, 2004

Physicians by Specialty	Median Payment					Percentage Change			
	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2001/2000	2002/2001	2003/2002	2004/2003
Total: All Physicians	$165,958	$169,086	$175,783	$198,493	$198,980	1.88%	3.96%	12.92%	0.25%
Subtotal:									
All Physicians (except Pathology)	166,084	167,471	176,336	198,931	199,520	0.84	5.29	12.81	0.30
All Specialists (except GP/FPs & Pathology)	190,892	187,803	202,150	235,256	237,148	(1.62)	7.64	16.38	0.80
Physicians by Specialty									
Anaesthesiology	224,118	218,317	230,781	254,766	265,629	(2.59)	5.71	10.39	4.26
Cardiovascular and Thoracic Surgery	528,553	513,802	516,373	574,274	581,377	(2.79)	0.50	11.21	1.24
Dermatology	312,161	310,463	359,685	413,839	449,449	(0.54)	15.85	15.06	8.60
Emergency Medicine	139,207	129,842	137,042	169,125	156,243	(6.73)	5.55	23.41	(7.62)
General/Family Physicians (GP/FPs)	155,358	157,228	164,939	181,436	182,226	1.20	4.90	10.00	0.44
- General/Family Physicians	155,491	157,411	165,116	181,598	182,597	1.24	4.89	9.98	0.55
- Full Time Emergency Room Physicians[1]	n.a.	n.a.	170,658	193,172	177,809	n.a.	n.a.	13.19	(7.95)
- Mental Health Generalist	151,631	164,987	162,645	152,953	193,058	8.81	(1.42)	(5.96)	26.22
- Other General Practice Physicians	29,763	12,224	8,241	2,610	66,896	(58.93)	(32.58)	(68.33)	2463.17
General Surgery	252,122	279,211	313,357	333,661	327,550	10.74	12.23	6.48	(1.83)
- General Surgery designated specialty	254,515	278,956	321,593	332,580	322,339	9.60	15.28	3.42	(3.08)
- Other General Surgery	238,989	280,436	275,351	334,741	333,538	17.34	(1.81)	21.57	(0.36)
Internal Medicine	151,990	157,376	152,032	181,545	173,216	3.54	(3.40)	19.41	(4.59)
- Internal Medicine designated specialty	147,711	148,365	135,979	167,766	164,429	0.44	(8.35)	23.38	(1.99)
- Cardiology	316,530	386,820	391,169	367,863	410,715	22.21	1.12	(5.96)	11.65
- Endocrinology/Metabolism	84,099	68,951	68,619	125,102	128,825	(18.01)	(0.48)	82.32	2.98
- Gastroenterology	277,385	255,773	269,451	309,456	273,574	(7.79)	5.35	14.85	(11.60)
- Infectious Diseases	40,390	69,233	72,588	55,149	59,318	71.41	4.85	(24.02)	7.56
- Other Internal Medicine	105,634	144,945	142,293	156,874	132,205	37.21	(1.83)	10.25	(15.73)
Neurology	121,129	105,090	112,291	147,262	154,900	(13.24)	6.85	31.14	5.19
Neurosurgery	273,880	245,009	246,880	240,971	20,001	(10.54)	0.76	(2.39)	(91.70)
Obstetrics-Gynaecology	234,957	261,429	270,979	323,753	309,387	11.27	3.65	19.48	(4.44)
Ophthalmology	369,719	388,330	449,006	474,143	507,175	5.03	15.62	5.60	6.97
Orthopaedic Surgery	241,714	267,151	290,831	298,866	307,811	10.52	8.86	2.76	2.99
Otolaryngology	390,392	396,680	423,991	460,972	467,438	1.61	6.88	8.72	1.40
Paediatrics	85,658	90,852	102,887	108,222	85,858	6.06	13.25	5.18	(20.66)
Physical Medicine & Rehabilitation	85,934	104,489	81,064	102,701	102,221	21.59	(22.42)	26.69	(0.47)
Plastic Surgery	270,782	280,033	295,454	335,401	358,181	3.42	5.51	13.52	6.79
Psychiatry	148,493	152,378	160,307	196,330	200,048	2.62	5.20	22.47	1.89
- Psychiatry designated specialty	151,336	153,125	161,230	195,242	199,784	1.18	5.29	21.09	2.33
- Mental Health specialty	133,731	134,004	133,647	198,228	208,056	0.20	(0.27)	48.32	4.96
Urology	302,792	285,928	326,676	385,064	389,516	(5.57)	14.25	17.87	1.16
Laboratory Specialists	297,226	375,164	312,376	406,216	430,466	26.22	(16.74)	30.04	5.97
- Pathology	2,424	1,846	1,850	1,704	2,253	(23.85)	0.24	(7.93)	32.27
- Radiology	350,163	432,283	392,726	460,931	462,177	23.45	(9.15)	17.37	0.27

(1) New specialty effective January 1, 2001.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2003 to March 31, 2004

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$1,272,779,982	5,363	$1,268,402,472	5,343	$703,465,548	2,406
Less Than $10,000	970,433	252	937,534	237	480,319	139
10,000- 19,999	2,345,886	159	2,345,886	159	1,376,159	94
20,000- 39,999	7,718,845	262	7,693,984	261	3,474,463	118
40,000- 59,999	10,458,585	209	10,458,585	209	3,898,205	79
60,000- 79,999	18,331,850	260	18,264,659	259	6,927,371	99
80,000- 99,999	22,377,065	247	22,377,065	247	7,153,530	79
100,000-119,999	27,846,009	252	27,846,009	252	9,313,633	84
120,000-139,999	32,684,064	252	32,684,064	252	12,150,482	93
140,000-159,999	41,646,116	277	41,646,116	277	12,809,321	85
160,000-179,999	44,845,764	264	44,845,764	264	16,428,737	97
180,000-199,999	49,905,169	263	49,905,169	263	13,641,462	72
200,000-299,999	305,299,623	1,232	305,090,067	1,231	116,668,054	463
300,000-399,999	239,271,284	696	239,271,284	696	117,786,219	342
400,000-499,999	147,304,861	332	147,304,861	332	88,557,837	199
500,000-599,999	71,384,856	132	71,384,856	132	57,334,220	106
600,000-699,999	49,352,363	77	49,352,363	77	44,291,518	69
700,000-799,999	51,857,921	70	51,857,921	70	48,922,838	66
800,000-899,999	29,022,927	34	29,022,927	34	27,319,129	32
900,000-999,999	20,855,005	22	20,855,005	22	20,855,005	22
1,000,000 and Over	99,301,355	71	95,258,352	69	94,077,046	68

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2003 to March 31, 2004

	Anaesthesiology		Cardiovascular and Thoracic Surgery		Dermatology	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$65,223,185	260	$12,075,007	22	$16,780,804	34
Less Than $10,000	36,750	5	19,444	2	236	2
10,000- 19,999	78,485	5				
20,000- 39,999	225,441	8				
40,000- 59,999	101,389	2				
60,000- 79,999	279,897	4			75,359	1
80,000- 99,999	523,853	6				
100,000-119,999	450,312	4				
120,000-139,999	644,171	5	137,740	1	128,505	1
140,000-159,999	1,639,005	11			152,896	1
160,000-179,999	2,363,271	14	163,636	1		
180,000-199,999	2,893,652	15			189,820	1
200,000-299,999	28,093,159	108	476,025	2	1,082,355	4
300,000-399,999	17,922,658	53	1,041,815	3	1,856,705	5
400,000-499,999	5,586,941	13	462,754	1	1,769,289	4
500,000-599,999	1,629,974	3	1,162,753	2	1,585,515	3
600,000-699,999	1,231,073	2	3,221,286	5	3,115,628	5
700,000-799,999	1,523,155	2	711,156	1	2,194,897	3
800,000-899,999			843,571	1		
900,000-999,999			992,280	1	1,897,879	2
1,000,000 and Over			2,842,548	2	2,731,722	2

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty(1)
For the Service Year April 1, 2003 to March 31, 2004

	Emergency Medicine		All General/Family Physicians		All General Surgery	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$10,712,664	65	$564,936,923	2,937	$47,283,476	150
Less Than $10,000	8,322	1	457,215	98	29,432	6
10,000- 19,999	35,725	3	969,727	65	27,526	2
20,000- 39,999	89,325	3	4,219,521	143	101,032	4
40,000- 59,999			6,560,380	130	422,976	8
60,000- 79,999	279,688	4	11,337,289	160	347,792	5
80,000- 99,999	166,119	2	15,223,535	168	94,560	1
100,000-119,999	774,688	7	18,532,376	168	230,404	2
120,000-139,999	669,981	5	20,533,583	159	406,457	3
140,000-159,999	1,665,222	11	28,836,795	192	459,217	3
160,000-179,999	1,023,851	6	28,417,027	167	330,153	2
180,000-199,999	574,096	3	36,263,707	191	1,122,514	6
200,000-299,999	3,661,641	15	188,422,013	768	6,212,190	24
300,000-399,999	1,311,642	4	121,485,065	354	12,158,093	35
400,000-499,999	452,364	1	58,747,024	133	12,981,423	29
500,000-599,999			14,050,636	26	7,183,819	13
600,000-699,999			5,060,845	8	1,299,483	2
700,000-799,999			2,935,083	4	2,210,836	3
800,000-899,999			1,703,798	2	1,665,567	2
900,000-999,999						
1,000,000 and Over			1,181,305	1		

(1) A blank cell represents a zero value.

Continued.....

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2003 to March 31, 2004

	All Internal Medicine		Neurology		Neurosurgery	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$126,178,701	515	$9,974,858	63	$220,012	11
Less than $10,000	122,580	47	27,836	6	7,471	8
10,000- 19,999	388,625	26	44,749	3	14,586	1
20,000- 39,999	1,147,608	39	135,072	5		
40,000- 59,999	662,540	14	209,271	4		
60,000- 79,999	2,025,853	29	399,221	6	64,282	1
80,000- 99,999	2,282,142	25	90,438	1		
100,000-119,999	2,322,174	21	221,594	2		
120,000-139,999	3,562,388	27	137,903	1	133,672	1
140,000-159,999	2,570,290	17	600,848	4		
160,000-179,999	3,048,283	18	1,029,152	6		
180,000-199,999	1,893,797	10	740,699	4		
200,000-299,999	17,140,650	71	3,385,611	14		
300,000-399,999	22,376,100	65	1,029,790	3		
400,000-499,999	16,648,165	37	1,299,382	3		
500,000-599,999	11,821,943	22				
600,000-699,999	8,334,306	13	623,291	1		
700,000-799,999	12,584,350	17				
800,000-899,999	5,996,120	7				
900,000-999,999	4,779,143	5				
1,000,000 and Over	6,471,643	5				

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2003 to March 31, 2004

	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$48,298,864	138	$51,507,029	87	$32,445,807	115
Less than $10,000	15,898	4	8,878	1	22,637	8
10,000- 19,999	37,753	3			30,368	2
20,000- 39,999	181,597	6	68,059	2	63,588	2
40,000- 59,999	281,583	6			135,423	3
60,000- 79,999	506,806	7	61,393	1	207,176	3
80,000- 99,999	455,331	5			188,205	2
100,000-119,999	225,953	2	110,321	1	229,006	2
120,000-139,999	248,155	2	256,323	2	257,107	2
140,000-159,999	590,681	4	155,308	1	154,478	1
160,000-179,999	505,693	3	501,426	3	1,192,016	7
180,000-199,999	181,499	1	184,223	1		
200,000-299,999	5,513,682	22	2,538,568	10	5,869,951	23
300,000-399,999	7,949,140	23	2,088,659	6	11,774,334	34
400,000-499,999	6,735,815	15	6,177,794	14	8,426,483	19
500,000-599,999	6,291,229	12	7,088,790	13	3,209,942	6
600,000-699,999	5,198,864	8	3,229,660	5	685,092	1
700,000-799,999	5,230,932	7	5,201,178	7		
800,000-899,999	2,598,022	3	4,252,846	5		
900,000-999,999	1,846,278	2	1,834,180	2		
1,000,000 and Over	3,703,954	3	17,749,421	13		

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2003 to March 31, 2004

	Otolaryngology		Paediatrics		Physical Medicine and Rehabilitation	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$18,469,377	40	$32,137,202	229	$3,244,525	29
Less than $10,000	487	1	127,730	29		
10,000- 19,999	14,173	1	438,161	30	58,387	4
20,000- 39,999	26,159	1	841,593	28		
40,000- 59,999	111,662	2	567,752	12	50,307	1
60,000- 79,999			929,449	13	207,615	3
80,000- 99,999			538,947	6	538,770	6
100,000-119,999	108,394	1	1,770,031	16	423,617	4
120,000-139,999	124,111	1	1,054,817	8	643,219	5
140,000-159,999			1,059,645	7	156,726	1
160,000-179,999			1,999,139	12	340,075	2
180,000-199,999			941,756	5		
200,000-299,999	1,101,506	4	6,842,833	27	825,811	3
300,000-399,999	1,757,742	5	7,505,710	22		
400,000-499,999	3,153,045	7	3,117,506	7		
500,000-599,999	2,177,113	4	1,576,693	3		
600,000-699,999	2,566,473	4	1,226,079	2		
700,000-799,999	3,711,025	5	704,175	1		
800,000-899,999	1,662,290	2	895,190	1		
900,000-999,999	1,955,197	2				
1,000,000 and Over						

(1) A blank cell represents a zero value.

Continued.....

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2003 to March 31, 2004

	Plastic Surgery		All Psychiatry		Urology	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$14,767,816	44	$65,832,097	329	$13,565,813	36
Less than $10,000			14,017	3		
10,000- 19,999			103,084	7		
20,000- 39,999	60,045	2	434,179	15		
40,000- 59,999			604,939	12		
60,000- 79,999	221,902	3	850,103	12	66,648	1
80,000- 99,999			1,465,586	16	89,127	1
100,000-119,999	209,228	2	1,890,487	17		
120,000-139,999			3,231,301	25		
140,000-159,999	144,406	1	3,147,238	21		
160,000-179,999	163,117	1	2,733,223	16		
180,000-199,999	386,222	2	3,769,200	20	189,886	1
200,000-299,999	999,276	4	27,296,239	110	1,824,875	7
300,000-399,999	4,641,992	13	13,904,569	41	3,191,778	9
400,000-499,999	4,364,634	10	4,786,134	11	4,839,601	11
500,000-599,999	1,585,656	3	1,601,798	3	3,363,900	6
600,000-699,999	1,283,349	2				
700,000-799,999	707,989	1				
800,000-899,999						
900,000-999,999						
1,000,000 and Over						

(1) A blank cell represents a zero value.

Continued.....

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2003 to March 31, 2004

	Pathology		Radiology	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians
Total	$4,377,510	20	$134,748,309	239
Less than $10,000	32,899	15	38,604	16
10,000- 19,999			104,534	7
20,000- 39,999	24,860	1	100,764	3
40,000- 59,999			750,363	15
60,000- 79,999	67,191	1	404,187	6
80,000- 99,999			720,452	8
100,000-119,999			347,424	3
120,000-139,999			514,631	4
140,000-159,999			313,360	2
160,000-179,999			1,035,703	6
180,000-199,999			574,099	3
200,000-299,999	209,556	1	3,803,683	15
300,000-399,999			7,275,492	21
400,000-499,999			7,756,508	17
500,000-599,999			7,055,094	13
600,000-699,999			12,276,935	19
700,000-799,999			14,143,147	19
800,000-899,999			9,405,521	11
900,000-999,999			7,550,048	8
1,000,000 and Over	4,043,004	2	60,577,760	43

(1) A blank cell represents a zero value.

Table 2.12
Number of Full-Time Equivalent Physicians by Specialty
For the Service Year April 1, 2003 to March 31, 2004

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians [2]	Proportion of Full Time Equivalent Physicians		Average Payment Per Full-Time Equivalent Physician	Number of Registered Persons Per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All physicians (except Laboratory)[1]	5,104	4,498.2	33.9	48.6	$252,026	704
All specialists (except GP/FPs & Laboratory)	2,167	1,860.8	33.3	49.7	305,631	1,701
Physicians by Specialty						
Anaesthesiology	260	232.5	36.2	45.0	280,496	13,612
Cardiovascular and Thoracic Surgery	22	19.0	36.4	45.5	635,767	166,675
Dermatology	34	31.8	38.2	44.1	527,376	99,471
Emergency Medicine	65	59.3	32.3	46.2	180,722	53,393
General/Family Physicians (GP/FPs)	2,937	2,576.9	34.3	48.0	219,235	1,228
- General/Family Physicians	2,760	2,410.1	34.3	48.0	221,416	1,313
- Mental Health Generalist	19	17.9	42.1	47.4	201,221	177,220
- Full Time Emergency Room Physicians[3]	150	136.0	34.7	48.0	197,731	23,280
- Other General Practice Physicians	8	4.8	25.0	62.5	173,517	666,349
General Surgery	150	126.0	33.3	50.0	375,385	25,128
- General Surgery designated specialty	137	113.2	32.9	50.4	378,957	27,961
- Other General Surgery	13	13.1	46.2	38.5	335,098	241,800
Internal Medicine	515	420.6	31.1	52.4	300,034	7,526
- Internal Medicine designated specialty	263	217.7	30.8	52.5	264,151	14,541
- Cardiology	66	53.7	33.3	50.0	570,739	58,941
- Endocrinology/Metabolism	7	6.5	42.9	42.9	132,738	485,454
- Gastroenterology	44	30.6	27.3	59.1	393,711	103,504
- Infectious Diseases	10	10.3	40.0	40.0	69,959	308,194
- Other Internal Medicine	125	103.2	32.0	49.6	236,565	30,679
Neurology	63	48.8	31.8	52.4	204,485	64,886
Neurosurgery	11	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	138	121.7	34.8	47.1	397,036	26,019
Ophthalmology	87	87.8	39.1	41.4	586,348	36,033
Orthopaedic Surgery	115	95.1	33.9	48.7	341,335	33,296
Otolaryngology	40	35.3	37.5	45.0	523,968	89,792
Paediatrics	229	170.8	27.5	58.1	188,167	18,532
Physical Medicine and Rehabilitation	29	28.4	37.9	41.4	114,135	111,332
Plastic Surgery	44	38.3	38.6	45.5	385,387	82,598
Psychiatry	329	295.5	36.2	45.0	222,755	10,710
- Psychiatry designated specialty	318	285.7	36.2	45.0	222,549	11,077
- Mental Health specialty	11	9.9	36.4	45.5	224,570	321,336
Urology	36	33.3	38.9	41.7	407,078	94,993

(1) Laboratory physicians (Pathology and Radiology) are excluded.

(2) FTE methodology is as follows:

Definition of a Full-Time Equivalent Practitioner: The definition is based on the methodology developed in 1984 by Health Canada (Health Information Division).

Step 1: - Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those practitioners with claims in all four quarters of the fiscal year.

Step 2: - Count all physicians with payments within the lower and upper benchmark as one FTE.

- Count all physicians with payments below the lower benchmark as a fraction of a FTE equal to the ratio of his/her payments to the lower benchmark.
- Count all physicians with payments above the upper benchmark using a log-linear relationship, as 1 FTE plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.
- Since these calculations are not made in direct comparison of other jurisdictions, the benchmarks have not been deflated by fee schedule increases.

(3) New specialty effective January 1, 2001.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty [1]
For the Service Year April 1, 2003 to March 31, 2004

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days	Special Calls	Psycho-therapy/ Counselling
			Major	Other			
Total: All Physicians	$1,272,779,982	$132,909,086	$93,211,176	$363,548,492	$33,625,674	$36,528,758	$81,281,001
Subtotal							
All Physicians (except Pathology)	1,268,402,472	132,745,881	93,207,716	363,540,399	33,625,674	36,528,758	81,281,001
All Specialists (except GP/FPs & Pathology)	703,465,548	124,874,252	27,991,715	44,449,117	13,440,200	1,793,646	50,165,789
Physicians by Specialty							
Anaesthesiology	65,223,185	2,639,664	44,469	275,234	39,450	8,354	370,147
Cardiovascular and Thoracic Surgery	12,075,007	617,064	6,959	69,477	30,721	2,802	3,864
Dermatology	16,780,804	4,792,516	912,843	2,417,341	730	2,945	111
Emergency Medicine	10,712,664	826,569	178,862	4,451,035	2,256	69,213	344,631
General/Family Physicians (GP/FPs)	564,936,923	7,871,629	65,216,002	319,091,282	20,185,474	34,735,112	31,115,213
- General/Family Physicians	533,634,767	7,054,098	64,758,625	304,083,209	20,168,480	34,661,225	28,000,357
- Full Time Emergency Room Physicians	26,884,335	640,159	276,035	14,217,121	13,120	67,656	608,207
- Mental Health Generalists	3,592,952	42	151,193	193,680	3,874	6,123	2,506,428
- Other General Practice Physicians	824,869	177,330	30,149	597,272		108	221
General Surgery	47,283,476	10,996,343	287,393	2,885,769	728,492	71,762	24,569
- General Surgery designated specialty	42,897,305	9,946,893	268,963	2,764,855	693,392	70,876	24,569
- Other General Surgery	4,386,172	1,049,450	18,430	120,914	35,100	886	
Internal Medicine	126,178,701	46,311,318	1,865,116	8,594,780	9,411,274	298,049	279,873
- Internal Medicine designated specialty	57,498,147	26,312,837	1,359,881	6,181,180	6,727,448	238,763	222,198
- Cardiology	30,651,286	6,423,207	77,585	510,315	1,123,942	31,320	187
- Critical Care Medicine	12,125,727	1,566,547	21,630	122,800	171,738	11,991	33,435
- Endocrinology/Metabolism	865,934	650,113	37,899	123,878	22,554		
- Gastroenterology	12,038,848	5,909,648	71,732	402,625	232,229	5,920	1,527
- Infectious Diseases	718,141	565,436	9,867	101,584	38,478	909	
- Other Internal Medicine	12,280,617	4,883,531	286,520	1,152,399	1,094,886	9,145	22,527
Neurology	9,974,858	7,817,387	86,502	638,135	435,216	21,832	4,774
Neurosurgery	220,012	347		26	1,341		
Obstetrics-Gynaecology	48,298,864	9,677,813	1,794,467	6,486,058	339,954	1,038,608	19,776
Ophthalmology	51,507,029	4,831,394	13,035,140	3,424,001	1,926	81,509	62
Orthopaedic Surgery	32,445,807	7,143,142	287,049	2,651,057	145,281	18,945	10,777
Otolaryngology	18,469,377	4,041,530	393,889	985,760	17,098	22,910	239
Paediatrics	32,137,202	9,439,003	7,361,819	9,113,188	1,852,016	121,517	1,152,304
Physical Medicine & Rehabilitation	3,244,525	1,546,885	23,645	383,726	370,425	2,573	396,121
Plastic Surgery	14,767,816	2,051,656	401,089	785,605	11,163	13,546	
Psychiatry	65,832,097	8,539,392	1,119,616	112,257	15,459	5,986	47,519,891
- Psychiatry designated specialty	63,619,858	8,533,336	1,077,837	112,257	15,459	5,986	45,888,113
- Mental Health Specialists	2,212,239	6,056	41,779				1,631,779
Urology	13,565,813	3,585,056	144,467	1,008,792	37,398	13,095	10,874
Laboratory Specialists	139,125,819	180,377	51,851	174,971			27,775
- Pathology	4,377,510	163,205	3,460	8,093			
- Radiology	134,748,309	17,172	48,391	166,878			27,775

(1) The totals for payments by specialty have been rounded.

Continued.....

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty [1]
For the Service Year April 1, 2003 to March 31, 2004

Physicians by Specialty	Major Surgery	Minor Surgery	Surgical Assistance	Anaes-thesia	Obstetrical Services	Diagnostic & Therapeutic Ser-vices - Radiology
Total: All Physicians	$177,904,164	$18,386,973	$22,559	$13,901,316	$28,243,055	$110,566,824
Subtotal						
All Physicians (except Pathology)	177,904,128	18,386,973	22,559	13,901,316	28,243,055	110,566,824
All Specialists (except GP/FPs & Pathology)	160,779,715	6,291,325		12,003,311	16,898,916	110,025,685
Physicians by Specialty						
Anaesthesiology	40,197,055	1,240,576		11,424,183	2,324,528	42,612
Cardiovascular and Thoracic Surgery	10,990,207	2,243				
Dermatology	3,058,838	1,092,794		100,937		
Emergency Medicine	521,029	741,647		5,991	486	
General/Family Physicians (GP/FPs)	17,124,413	12,095,648	22,559	1,898,005	11,344,139	541,140
- General/Family Physicians	15,946,481	9,749,164	22,559	1,861,335	11,337,915	541,140
- Full Time Emergency Room Physicians	1,177,270	2,332,410		36,670	6,224	
- Mental Health Generalists	662	2,461				
- Other General Practice Physicians		11,613				
General Surgery	25,722,409	658,002		3,712	54,144	361,171
- General Surgery designated specialty	22,966,774	634,501		3,712	54,144	10,263
- Other General Surgery	2,755,635	23,501				350,908
Internal Medicine	5,078,913	279,996		14,985	21,076	4,605,030
- Internal Medicine designated specialty	189,435	234,836		6,585	7,261	248,569
- Cardiology	4,069,886					4,335,691
- Critical Care Medicine	774,291	20,056		4,259	1,208	
- Endocrinology/Metabolism						19,904
- Gastroenterology	21,247	21,959		1,152		199
- Infectious Diseases						
- Other Internal Medicine	23,954	3,145		2,988	12,607	667
Neurology		2,338		1,745		1,590
Neurosurgery	217,607					
Obstetrics-Gynaecology	7,627,104	25,625		3,081	14,473,853	2,808,468
Ophthalmology	20,827,126	139,834				2,020,609
Orthopaedic Surgery	21,821,525	84,696		53,574	1,401	
Otolaryngology	6,164,431	1,418,863		212	146	171
Paediatrics	252,131	121,386		578	21,905	2,886
Physical Medicine & Rehabilitation	219			65,509		
Plastic Surgery	10,755,266	459,406		1,784	1,124	
Psychiatry						
- Psychiatry designated specialty						
- Mental Health Specialists						
Urology	5,708,487	16,061		291	220	
Laboratory Specialists	1,837,404	7,857		326,729	32	100,183,148
- Pathology	36					
- Radiology	1,837,368	7,857		326,729	32	100,183,148

(1) The totals for payments by specialty have been rounded.

Continued.....

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty [1]
For the Service Year April 1, 2003 to March 31, 2004

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	$31,231,870	$118,315,234	$2,199,201	$30,904,599
Subtotal				
All Physicians (except Pathology)	31,231,870	114,115,394	2,196,410	30,904,513
All Specialists (except GP/FPs & Pathology)	31,231,870	94,012,105	180,309	9,327,594
Physicians by Specialty				
Anaesthesiology		5,865,804	5,236	745,870
Cardiovascular and Thoracic Surgery		351,542		129
Dermatology		4,401,731	19	
Emergency Medicine		3,569,568		1,378
General/Family Physicians (GP/FPs)		20,103,288	2,016,101	21,576,919
- General/Family Physicians		12,587,679	2,013,602	20,848,900
- Full Time Emergency Room Physicians		7,508,497	263	703
- Mental Health Generalists		1,226	916	726,347
- Other General Practice Physicians		5,886	1,321	969
General Surgery		5,488,151	940	619
- General Surgery designated specialty		5,456,803	940	619
- Other General Surgery		31,348		
Internal Medicine	2,739,702	46,265,313	6,607	406,670
- Internal Medicine designated specialty	589	15,598,786	5,631	164,148
- Cardiology	2,739,113	11,338,742	12	1,286
- Critical Care Medicine		9,377,666		20,107
- Endocrinology/Metabolism		11,586		
- Gastroenterology		5,369,674	536	300
- Infectious Diseases		1,351	174	343
- Other Internal Medicine		4,567,510	252	220,485
Neurology		933,498	31,712	129
Neurosurgery		691		
Obstetrics-Gynaecology	92	3,915,178	87,537	1,250
Ophthalmology		7,145,391	37	
Orthopaedic Surgery		195,557	11,021	21,783
Otolaryngology		5,414,762	5,263	4,103
Paediatrics		2,527,412	16,630	154,430
Physical Medicine & Rehabilitation		442,140	13,281	
Plastic Surgery		282,752	6	4,418
Psychiatry		532,512	380	7,986,604
- Psychiatry designated specialty		529,058	380	7,457,432
- Mental Health Specialists		3,453		529,171
Urology		3,040,463	611	
Laboratory Specialists	28,492,075	7,839,483	3,820	298
- Pathology		4,199,840	2,791	86
- Radiology	28,492,075	3,639,642	1,029	212

(1) The totals for payments by specialty have been rounded.

Table 2.14
Physician Services and Payments Per 1,000 Insured Persons by Type of Service, Age and Gender of Recipient
For the Service Year April 1, 2003 to March 31, 2004

Age & Gender / Service Type		All Age Groups		Under 1		1 - 4		5 - 14		15 - 24	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Total	F	11,240	$477,018	9,047	$437,386	6,360	$246,086	4,223	$147,138	8,380	$332,022
	M	7,742	327,101	10,146	501,208	7,224	283,677	4,774	168,955	4,470	177,036
Consultations	F	499	46,733	651	79,128	256	22,908	190	14,769	317	27,289
	M	393	37,242	781	93,465	335	29,432	270	19,934	194	16,360
Major Assessment	F	626	35,444	1,600	101,743	624	36,946	308	17,839	461	25,544
	M	399	23,444	1,619	103,406	652	39,065	326	19,125	187	10,690
Other Assessment	F	4,650	137,203	4,603	144,770	4,077	127,352	2,197	66,858	4,152	124,977
	M	3,074	92,479	4,972	157,701	4,361	136,857	2,165	66,347	1,964	59,837
Hospital Care Days	F	448	11,425	946	29,818	134	4,202	36	1,058	92	2,395
	M	373	9,821	1,123	35,640	156	4,681	37	1,099	63	1,633
Special Calls	F	115	13,274	100	12,903	115	14,965	60	7,463	112	14,489
	M	83	9,805	120	15,212	132	17,290	66	8,173	67	8,886
Psychotherapy/ Counselling	F	1,048	30,463	9	331	36	1,269	217	6,487	754	22,093
	M	700	20,889	11	397	55	1,895	428	13,218	602	18,763
Major Surgery	F	727	56,591	287	25,469	157	13,583	170	12,656	304	21,975
	M	677	55,822	423	40,831	311	22,988	203	15,671	378	26,270
Minor Surgery	F	77	4,558	19	1,022	78	5,852	67	4,377	76	4,440
	M	108	7,062	43	2,278	114	8,717	97	6,903	132	9,261
Surgical Assistance	F	–	9					–	1	1	32
	M	–	5					–	1	1	19
Anaesthesiology	F	323	7,498	40	1,299	216	4,744	86	1,863	484	10,558
	M	41	1,280	46	1,597	247	5,488	97	2,103	13	344
Obstetrical Services	F	111	17,831					–	282	184	29,568
	M										
Therapeutic Services, Radiology	F	715	51,942	36	1,889	80	3,032	124	4,896	375	26,734
	M	329	17,895	49	2,636	91	3,230	134	4,666	202	8,138
Laboratory Services	F	75	14,607			–	11	1	332	7	1,714
	M	20	5,120			–	41	1	244	5	1,233
Other Diagnostic & Therapeutic Services	F	1,357	37,706	753	38,871	562	10,848	697	6,519	867	15,783
	M	1,200	37,054	951	47,780	732	13,142	825	7,694	519	11,048
Special Services	F	127	924	2	11	19	167	21	163	90	676
	M	72	465	--	32	19	181	23	188	20	126
Miscellaneous Services	F	342	10,809	2	113	6	207	45	1,574	105	3,756
	M	271	8,717	6	234	18	671	102	3,588	123	4,426

Continued...

Table 2.14
Physician Services and Payments Per 1,000 Insured Persons by Type of Service, Age and Gender of Recipient
For the Service Year Ended April 1, 2003 to March 31, 2004

Age & Gender / Service Type		25 - 44		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
	F	11,496	$484,494	12,908	$561,795	17,908	$832,418	24,549	$1,071,672
Total	M	5,595	222,395	9,154	398,731	17,418	822,643	25,849	1,175,217
	F	491	44,178	606	57,152	888	89,213	1,060	111,654
Consultations	M	258	23,411	475	46,487	982	99,767	1,303	137,009
	F	610	32,883	685	37,198	907	53,680	1,138	74,416
Major Assessment	M	226	12,632	437	24,789	810	49,073	1,318	83,454
	F	4,986	147,412	5,190	151,323	7,121	208,386	5,612	154,097
Other Assessment	M	2,433	73,049	3,686	109,681	6,458	191,484	4,817	139,738
	F	141	3,670	308	8,145	1,141	29,554	4,011	98,073
Hospital Care Days	M	97	2,600	321	8,656	1,328	35,235	4,063	101,980
	F	105	12,888	70	8,184	120	12,719	495	46,538
Special Calls	M	54	6,865	63	7,361	139	14,874	401	39,996
Psychotherapy/	F	1,341	38,068	1,593	46,466	1,049	32,110	999	30,292
Counselling	M	795	23,410	919	26,827	734	22,257	983	29,766
	F	614	43,933	1,041	76,556	1,727	148,461	1,964	182,345
Major Surgery	M	441	33,680	894	74,726	2,219	189,800	2,464	233,838
	F	72	4,201	83	4,639	87	4,990	104	6,106
Minor Surgery	M	103	6,794	99	5,983	120	6,772	144	7,955
	F	--	9	--	6				
Surgical Assistance	M	--	6	--	3				
	F	714	15,898	30	1,450	37	2,181	36	2,163
Anaesthesiology	M	12	505	20	1,014	43	2,391	44	2,570
	F	273	43,891	1	171	--	15	--	11
Obstetrical Services	M								
Therapeutic	F	744	58,540	1,132	81,907	1,335	93,914	1,124	75,904
Services, Radiology	M	275	13,584	457	26,192	788	52,372	904	61,925
	F	23	4,864	170	32,201	271	52,482	188	36,814
Laboratory Services	M	10	2,606	34	8,670	82	21,027	87	21,514
Other Diagnostic &	F	1,171	29,397	1,727	51,574	2,783	98,743	2,963	113,960
Therapeutic Services	M	746	19,200	1,553	54,419	3,332	132,363	4,298	171,679
	F	102	928	162	1,090	332	2,097	363	2,268
Special Services	M	34	214	100	636	284	1,790	381	2,374
Miscellaneous	F	108	3,734	109	3,732	111	3,875	4,492	137,030
Services	M	109	3,840	94	3,286	99	3,440	4,643	141,420

Table 2.15
Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty, April 1, 2000 to March 31, 2004

Specialty \ Effective Date	Apr. 1 2000 (%)	Apr. 1 2001 (%)	Nov. 1 2001 (%)	Apr. 1 2002 (%)	Oct. 1 2002 (%)	Oct. 1 2003 (%)
All Physicians	3.0	6.3	3.4	10.9	2.0	2.7
General Practice	2.2	8.1	3.1	10.4	2.0	3.3
Anaesthesiology	1.4	4.4	4.0	12.0	2.0	2.4
Dermatology	1.6	5.3	2.4	9.2	2.0	1.8
General Surgery	5.2	4.6	3.4	10.3	2.0	1.9
Urology	4.3	4.7	3.2	11.5	2.0	2.0
Internal Medicine	1.7	5.1	3.6	13.5	2.0	3.1
Neurology	2.3	4.7	5.3	15.5	2.0	4.0
Neurosurgery	3.4	4.5	3.1	11.1	2.0	2.0
Obstetrics & Gynaecology	3.6	5.3	3.5	12.0	2.0	2.0
Ophthalmology	3.4	6.2	2.3	9.6	2.0	1.5
Otolaryngology	4.2	4.9	2.8	10.7	2.0	1.6
Orthopaedic Surgery	8.4	5.0	3.7	12.2	2.0	2.2
Paediatrics	2.9	6.8	4.8	15.1	2.0	4.2
Psychiatry	1.8	4.4	5.7	16.9	2.0	3.2
Plastic Surgery	9.1	4.8	4.1	13.1	2.0	2.1
Physical Medicine and Rehabilitation	3.2	4.9	4.9	15.3	2.0	4.9
Thoracic Surgery	3.4	4.4	2.5	9.3	2.0	1.1
Emergency Medicine	2.1	4.5	4.4	13.6	2.0	3.2
Laboratory/Pathology	N/A	4.4	3.5	12.1	2.0	0.9
Laboratory/Radiology	0.5	4.4	2.5	10.2	2.0	1.4

Table 2.16
Basic Health Services
Percentage Changes to Rates in the Schedules of Benefits, April 1, 2000 to March 31, 2004

Type of Practitioner / Effective Date	Medical	Dental/Oral Surgeons	Chiropractors	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)	(%)
April 1, 2000	3.00	Nil	Nil	Nil	Nil
January 15, 2001	Nil	Nil	Nil	3.03	Nil
April 1, 2001	6.30	Nil	Nil	1.90	Nil
August 1, 2001	Nil	8.08	Nil	Nil	Nil
November 1, 2001	3.40	Nil	Nil	Nil	Nil
April 1, 2002	10.90	Nil	Nil	2.00	Nil
October 1, 2002	2.00	Nil	Nil	Nil	Nil
April 1, 2003	Nil	3.90	2.00	3.90	2.90
October 1, 2003	2.70	Nil	Nil	Nil	Nil

Table 2.17
Alternative Relationship Plans Summary
For the Service Year April 1, 2003 to March 31, 2004

Model Type	Number	GPs*	Specialists*	Physician Subtotal
Academic ARP	4	0	269	269
Capitation ARP	2	16	3	19
Contract ARP	4	120	25	145
Sessional ARP	13	44	36	80
Total Expenditures	**Model Total**	**GP Subtotal**	**SP Subtotal**	**Physician Total (1)**
$50,526,702	**23**	**180**	**333**	**513**

Note: The data presented in this table can be variable and is only accurate for the end of the fiscal year 2003/2004.

*The general practitioner and specialist counts may include part-time physicians who may or may not bill fee-for-service in addition to the ARP program they are participating in.

(1) The physician total can fluctuate month-to-month and should be considered approximate.

Model Type Definitions:

Academic ARP - Model which merges funding for medical education, clinical services, and research, into one main funding grant based on an agreement between the academic department of an Academic Health Centre, the Government, and any other major funder(s).

Capitation ARP - This model is used for the provision of family medicine or primary health care with a predetermined annual amount for each of its patients within a defined population and basket of services.

Contract ARP - Contractual funding is based on a pre-negotiated amount, for a pre-determined level of services, over a specified period of time (e.g. one year).

Sessional ARP - Under this model the physician is paid an hourly rate for work during a set period of time for the provision of insured medical services within an organized program.

Out-of-Country Basic Health Services
Distribution of Payments, Number of Services and Discrete Patients[1]
For the Service Year April 1, 2003 to March 31, 2004

Practitioner Type	Total Out-of-Country			United States			Out-of-Country (except United States)		
	Number of Services	Discrete Patients	Payments	Number of Services	Discrete Patients	Payments	Number of Services	Discrete Patients	Payments
Total	20,753	7,499	$963,299	6,651	2,305	$330,523	14,102	5,375	$632,776
Physicians[2]	20,073	7,332	951,068	6,368	2,212	324,056	13,705	5,289	627,011
Dental/Oral Surgeons	3	2	2,420	3	2	2,420	0	0	0
Chiropractors	609	179	7,894	253	91	3,266	356	96	4,628
Optometrists	24	24	870	11	11	415	13	13	456
Podiatrists	44	29	1,047	16	9	366	28	20	681

(1) The total discrete patients is a discrete overall patient count and not a sum.
(2) Does not include physician services which were paid under the Out-of-Country Health Services Program.

Out-of-Country Health Coverage

Out-of-country practitioner and hospital services received by Albertans are paid at Alberta rates that have been established by the Alberta Legislature.

Many out-of-country medical services cost more than the amount paid by the AHCIP and any additional cost is the responsibility of the patient. Alberta Health and Wellness strongly encourages Albertans travelling outside Canada to purchase supplementary health insurance.

Under certain circumstances, the Out-of-Country Health Services Committee considers funding, in addition to the benefits paid by the AHCIP, for insured physician, dental/oral surgeon and hospital services not available in Canada. The program has specific criteria that must be met for funding to be considered.

Table 2.19
Out-of-Country Health Services Program
Applications Reviewed
For the Service Years Ended March 31, 2000 to March 31, 2004

	Status of Applications														
	Received					Approved					Refused				
Type of Service	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Required services not available in Alberta	119	192	132	101	95	85	107	50	45	44	34	85	82	56	51

Table 2.20
Out-of-Country Health Services Program
Payments Made for Approved Applications
For the Service Years Ended March 31, 2000 to March 31, 2004

	Amount Paid														
	Total					Medical Services					Hospital Services				
Type of Service	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Required services not available in Alberta	$3,078,863	$3,229,353	$2,642,037	$4,281,647	$2,599,324	$1,047,470	$1,404,426	$888,746	$916,495	$628,958	$2,031,393	$1,824,957	$1,753,291	$3,365,152	$1,970,366

SECTION 3: REGIONAL DATA

Summary

Regional health authorities are responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. They deliver health services in the regions and work with communities to deliver health services to local residents. In April 2003, the number of regional health authorities in Alberta was reduced from 17 to nine. The statistics in this section provide regional breakdowns for the registered population, physician and allied practitioner payments, physician payments by disease classification and average payments to physicians.

EXPLANATORY NOTES

Statistics listed in this section may not correspond exactly with data appearing elsewhere in the *Statistical Supplement*. For example, in this section, physicians are counted in each health region where they have provided services. Therefore, physicians may be counted more than once if they provided services in more than one health region.

The number of practitioners reported in a region is the number of practitioners who provided services in that particular region. A practitioner may work in several regions. Data are provided on a "service location" basis, which is the health region where the service was actually provided. "Recipient location" is the region where the person receiving the service lives, according to the AHCIP registration data.

The breakdown of physician payments by "service location" rather than "recipient location" impacts the data. Large regions often attract patients from smaller, rural areas and this affects statistics on health services and payments for both location types. This point is illustrated in Table 3.2, which shows a breakdown of medical payments to physicians based on service location and also recipient location.

Data in this section are based on the health region and recipient location as of the day the service was provided. Regional boundaries are subject to change; therefore, year-over-year comparisons by region need to be interpreted with caution. Figure 7 shows the boundaries in place on December 1, 2003, noted on the map of Alberta.

Figure 7
Map of Regional Boundaries

Table 3.1
Distribution of Population Covered by Service Location Health Region
As of March 31, 2004 (1)

Service Location Health Region	Registered Population		
	Total	Male	Female
Total	3,165,157	1,581,262	1,583,895
Chinook Regional Health Authority	153,723	76,044	77,679
Palliser Health Region	99,440	50,065	49,375
Calgary Health Region	1,143,406	570,548	572,858
David Thompson Regional Health Authority	290,209	145,026	145,183
East Central Health	108,531	54,125	54,406
Capital Health	991,006	491,603	499,403
Aspen Regional Health Authority	174,104	88,555	85,549
Peace Country Health	132,876	67,879	64,997
Northern Lights Health Region	71,512	37,239	34,273
Unknown	350	178	172

(1) The population figures are as of March 31, 2004, calculated in July 2004.

Table 3.2
Distribution of Payments to Physicians by Service Location Health Region and Recipient Location Health Region[1]
For the Service Year April 1, 2003 to March 31, 2004

Service Location Health Region	Recipient Location Health Region					
	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Total	$1,272,779,982	$61,205,927	$41,023,925	$463,470,141	$116,366,485	$44,240,080
Chinook Regional Health Authority	57,589,180	**52,932,003**	989,378	2,598,031	304,448	83,162
Palliser Health Region	35,154,584	386,131	**33,517,803**	569,692	237,131	57,224
Calgary Health Region	481,901,098	6,687,903	5,616,014	**449,199,948**	14,373,160	619,079
David Thompson Regional Health Authority	96,652,908	239,629	376,274	3,141,795	**86,580,618**	1,610,346
East Central Health	27,821,549	43,150	34,239	190,985	1,090,304	**23,497,523**
Capital Health	472,775,825	724,545	385,967	4,088,384	13,028,073	14,944,734
Aspen Regional Health Authority	40,180,838	46,598	34,516	381,801	291,997	358,992
Peace Country Health	38,516,729	58,328	37,257	2,393,669	237,557	75,684
Northern Lights Health Region	17,468,349	26,668	14,555	178,570	103,171	42,929
Unknown	4,718,921	60,972	17,922	727,266	120,027	2,950,405

(1) The sums of the payments may not match the totals due to rounding.

Continued

Table 3.2
Distribution of Payments to Physicians by Service Location Health Region and Recipient Location Health Region[1]
For the Service Year April 1, 2003 to March 31, 2004

		Recipient Location Health Region			
Service Location Health Region	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Total	$412,563,073	$66,360,945	$43,390,084	$22,336,416	$1,822,906
Chinook Regional Health Authority	378,911	98,445	77,315	40,450	87,036
Palliser Health Region	192,039	65,469	53,558	27,125	48,413
Calgary Health Region	3,335,458	604,824	487,901	348,245	628,566
David Thompson Regional Health Authority	3,327,746	733,544	342,714	148,800	151,441
East Central Health	1,673,688	1,084,405	79,941	51,509	75,806
Capital Health	**399,762,354**	27,284,361	7,395,374	4,530,651	631,381
Aspen Regional Health Authority	2,183,948	**35,639,488**	960,156	220,462	62,882
Peace Country Health	683,157	388,767	**33,797,208**	783,345	61,758
Northern Lights Health Region	592,221	208,501	123,325	**16,157,424**	20,985
Unknown	433,550	253,142	72,592	28,406	54,638

(1) The sums of the payments may not match the totals due to rounding.

Table 3.3
Distribution of Payments by International Classification of Diseases by Service Location Health Region
For the Service Year April 1, 2003 to March 31, 2004

Service Location Health Region / International Classification of Diseases	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Total	$1,272,779,982	$57,589,180	$35,154,584	$481,901,098	$96,652,908	$27,821,549
Infectious and Parasitic Diseases	20,571,235	912,291	694,419	7,704,361	1,863,991	554,728
Neoplasms	41,603,581	2,147,464	969,205	17,034,005	2,408,877	720,698
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	33,046,866	1,644,990	1,251,886	11,031,421	2,496,870	1,011,783
Diseases of Blood and Blood Forming Organs	5,210,370	227,726	266,497	2,250,364	412,524	169,459
Mental Disorders	127,394,324	5,455,667	3,265,467	46,444,119	11,808,545	2,640,777
Diseases of the Nervous System and Sense Organs	92,775,777	3,909,291	2,786,598	37,250,014	5,604,786	2,053,918
Diseases of the Circulatory System	97,167,733	3,717,267	2,432,303	37,975,167	5,942,954	2,252,590
Diseases of the Respiratory System	96,027,471	4,519,362	2,816,431	33,590,753	9,179,143	2,646,787
Diseases of the Digestive System	51,201,192	2,995,411	1,660,150	17,535,235	4,906,884	1,772,385
Diseases of the Genitourinary System	64,008,420	3,311,161	2,063,524	25,870,205	5,278,149	1,305,449
Complications of Pregnancy, Childbirth and the Puerperium	37,730,163	1,983,434	893,518	15,828,966	2,857,379	530,261
Diseases of the Skin and Subcutaneous Tissue	38,540,756	1,684,578	1,090,051	14,264,924	3,549,772	1,021,504
Diseases of the Musculoskeletal System and Connective Tissue	67,033,242	4,019,269	2,111,706	23,196,012	5,493,729	2,274,621
Congenital Anomalies	4,363,872	102,064	48,285	1,597,905	106,978	22,749
Certain Conditions Originating in the Perinatal Period	5,551,906	271,620	258,497	1,735,286	494,557	61,698
Symptoms, Signs and Ill-Defined Conditions	124,260,411	5,516,945	3,640,115	48,089,155	10,846,798	3,100,733
Injury and Poisoning	75,051,947	3,700,791	1,906,988	25,359,041	7,132,488	2,004,784
Non-Standard Diagnostic Codes	89,816,308	3,322,937	2,568,144	33,649,729	7,373,847	2,238,948
Unknown Diagnostic Chapter	201,424,408	8,146,912	4,430,800	81,494,435	8,894,637	1,437,677

Continued.....

Table 3.3
Distribution of Payments by International Classification of Diseases by Service Location Health Region
For the Service Year April 1, 2003 to March 31, 2004

Service Location Health Region / International Classification of Diseases	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Total	$472,775,825	$40,180,838	$38,516,729	$17,468,349	$4,718,921
Infections and Parasitic Diseases	6,490,230	1,081,460	810,411	353,094	106,249
Neoplasms	15,804,542	815,344	1,012,791	322,619	368,036
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	12,339,958	1,475,697	1,077,910	605,419	110,932
Diseases of Blood and Blood Forming Organs	1,423,352	211,473	151,592	79,576	17,808
Mental Disorders	50,296,890	2,528,019	2,794,689	1,444,098	716,052
Diseases of the Nervous System and Sense Organs	34,810,089	2,424,718	2,956,220	656,466	323,677
Diseases of the Circulatory System	39,065,830	2,786,893	1,944,162	832,116	218,450
Diseases of the Respiratory System	32,386,248	5,253,699	3,422,788	1,805,516	406,742
Diseases of the Digestive System	16,500,812	2,243,550	2,226,753	983,892	376,120
Diseases of the Genitourinary System	21,051,640	2,214,322	1,814,868	864,529	234,573
Complications of Pregnancy, Childbirth and the Puerperium	11,100,660	1,412,083	1,446,885	1,417,525	259,453
Diseases of the Skin and Subcutaneous Tissue	13,449,387	1,672,864	1,124,507	551,449	131,721
Diseases of the Musculoskeletal System and Connective Tissue	23,307,583	2,955,794	2,648,750	878,539	147,240
Congenital Anomalies	2,362,995	25,770	66,699	20,676	9,750
Certain Conditions Originating in the Perinatal Period	2,072,098	88,273	371,346	155,281	43,249
Symptoms, Signs and Ill Defined Conditions	41,721,074	4,209,114	4,074,482	2,649,713	412,282
Injury and Poisoning	26,508,714	3,840,449	3,133,535	1,137,035	328,122
Non-Standard Diagnostic Codes	30,472,254	4,128,972	3,585,688	2,129,826	345,964
Unknown Diagnostic Chapter	91,611,471	812,344	3,852,655	580,979	162,499

Table 3.4
Distribution of Physicians With Total Payments of $10,000 and Over and Average Payments by Service Location Health Region
For the Service Year April 1, 2003 to March 31, 2004

Service Location Health Region	Total			General/Family Physicians			Specialists [2]		
	Number of Physicians[1]	Amount Paid[3]	Average Payments	Number of Physicians[1]	Amount Paid[3]	Average Payments	Number of Physicians[1]	Amount Paid[3]	Average Payments
Total	5,262	$1,130,262,461	$214,797	3,057	$562,904,211	$184,136	2,205	$567,358,250	$257,305
By Health Region									
Chinook Regional Health Authority	224	51,919,478	231,783	141	28,107,921	199,347	83	23,811,557	286,886
Palliser Health Region	129	31,971,460	247,841	76	18,666,550	245,613	53	13,304,910	251,036
Calgary Health Region	1,992	426,706,913	214,210	1,065	185,860,905	174,517	927	240,846,009	259,812
David Thompson Regional Health Authority	416	90,802,393	218,275	292	63,125,166	216,182	124	27,677,227	223,203
East Central Health	156	26,329,360	168,778	116	21,801,070	187,940	40	4,528,290	113,207
Capital Health	1,767	406,493,341	230,047	929	167,626,722	180,438	838	238,866,618	285,044
Aspen Regional Health Authority	225	39,760,470	176,713	191	36,755,570	192,438	34	3,004,899	88,379
Peace Country Health	198	34,706,619	175,286	144	25,549,675	177,428	54	9,156,944	169,573
Northern Lights Health Region	75	17,260,829	230,144	56	12,651,872	225,926	19	4,608,956	242,577
Unknown	80	4,311,598	53,895	47	2,758,759	58,697	33	1,552,839	47,056

(1) Physicians providing services in multiple health regions are counted multiple times. This report reflects discrete physician counts within region.

(2) Excludes laboratory specialists because billings for more than one physician may be included under one physician billing number.

(3) The total amount paid may not match the sum of amounts paid to health regions due to rounding.

Table 3.5

Number of General/Family Physicians by Payment Range and Service Location Health Region[1]

For the Service Year April 1, 2003 to March 31, 2004

Service Location Health Region / Dollar Range	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Total	4,385	217	126	1269	407	247	1143	317	213	94	352
Less than $10,000	1,328	76	50	204	115	131	214	126	69	38	305
10,000- 19,999	163	11	7	35	16	14	31	11	17	3	18
20,000- 39,999	209	4	6	69	16	17	57	15	14	3	8
40,000- 59,999	173	11	3	57	15	7	54	13	8	2	3
60,000- 79,999	178	8	2	74	9	6	53	12	7	4	3
80,000- 99,999	185	1	6	71	9	5	61	12	11	3	6
100,000-119,999	170	4		73	8	5	62	6	8	2	2
120,000-139,999	168	5		66	8	4	67	4	6	4	4
140,000-159,999	188	7	2	92	8	2	58	9	6	3	1
160,000-179,999	166	8	2	64	12	3	67	6	4		
180,000-199,999	193	9	3	78	20	2	57	14	8	2	
200,000-299,999	751	48	13	261	96	10	239	47	24	11	2
300,000-399,999	346	17	16	78	64	30	78	30	18	15	
400,000-499,999	127	6	14	37	9	10	29	9	10	3	
500,000-599,999	27	2	2	7		1	12	2	1		
600,000-699,999	6			1			2	1	2		
700,000-799,999	4			2			1			1	
800,000-899,999	2				2						
900,000-999,999	0										
1,000,000 and over	1						1				

(1) Physicians providing services in multiple health regions are counted multiple times. This report reflects discrete physician counts within region, where the physician payment was greater than 0 within health region.

Table 3.6
Number of Physicians by Specialty Within Health Region[1] [3] [4]
For the Service Year April 1, 2003 to March 31, 2004

Physicians by Specialty	Number of Physicians[2]			
	All Health Regions	Capital Health	Calgary Health Region	All Other Regions
Total: All Physicians	7,166	2,095	2,264	2,807
All Specialists (except GP/FPs & all laboratory specialists)	2,781	952	995	834
Physicians by Specialty				
Anaesthesiology	318	113	125	80
Cardiovascular and Thoracic Surgery	24	12	10	2
Dermatology	46	14	20	12
Emergency Medicine	83	23	39	21
General/Family Physicians (GP/FPs)	4,385	1,143	1,269	1,973
General Surgery	199	51	62	86
Internal Medicine	654	219	252	183
Neurology	75	23	38	14
Neurosurgery	11	7	4	
Obstetrics-Gynaecology	173	59	58	56
Ophthalmology	108	39	38	31
Orthopaedic Surgery	148	44	58	46
Otolaryngology	50	18	16	16
Paediatrics	344	116	96	132
Physical Medicine & Rehabilitation	33	19	10	4
Plastic Surgery	50	17	23	10
Psychiatry	410	157	134	119
Urology	55	21	12	22

(1) Physicians may practice in multiple locations and may be counted in more than one region, where the payment is greater than 0.

(2) Excludes laboratory specialists because billings for more than one physician may be included under one physician billing number.

(3) Includes only those physicians with a payment greater than 0 within health region.

(4) A blank cell represents a zero value.

Table 3.7
Allied Health Services
Distribution of Services and Payments by Service Location Health Region
For the Service Year April 1, 2003 to March 31, 2004

Service Location Health Region	Total		Chiropractors		Optometrists	
	Services	Payments[1]	Services	Payments[1]	Services	Payments[1]
Total	3,777,986	$65,271,664	3,040,001	$39,038,527	431,148	$16,679,907
Chinook Regional Health Authority	246,016	4,191,021	195,443	2,510,802	27,495	1,072,014
Palliser Health Region	120,224	1,996,295	96,079	1,235,649	13,745	538,657
Calgary Health Region	1,489,694	24,905,804	1,226,615	15,696,752	139,568	5,286,587
David Thompson Regional Health Authority	450,484	7,257,065	388,452	5,039,419	44,086	1,734,465
East Central Health	119,076	2,089,175	96,023	1,236,745	21,430	817,006
Capital Health	1,061,204	19,763,814	804,908	10,328,724	141,732	5,533,776
Aspen Regional Health Authority	150,763	2,526,288	127,811	1,644,313	21,320	834,601
Peace Country Health	82,416	1,527,976	64,656	832,323	16,413	653,154
Northern Lights Health Region	45,382	734,227	39,302	504,754	5,359	209,647
Unknown	12,727	280,000	712	9,047		

(1) The payment totals may not match the sum of the payments made to the health regions due to rounding.

Continued...

Table 3.7
Allied Health Services
Distribution of Services and Payments by Service Location Health Region
For the Service Year April 1, 2003 to March 31, 2004

Service Location Health Region	Dental/Oral Surgeons		Podiatrists	
	Services	Payments[1]	Services	Payments[1]
Total	14,802	$2,404,042	292,035	$7,149,189
Chinook Regional Health Authority	289	31,784	22,789	576,421
Palliser Health Region	73	13,136	10,327	208,853
Calgary Health Region	6,785	1,068,085	116,726	2,854,380
David Thompson Regional Health Authority	600	59,549	17,346	423,632
East Central Health	11	771	1,612	34,653
Capital Health	6,975	1,223,664	107,589	2,677,650
Aspen Regional Health Authority	49	4,916	1,583	42,458
Peace Country Health	18	1,905	1,329	40,595
Northern Lights Health Region	2	232	719	19,594
Unknown			12,015	270,952

(1) The payment totals may not match the sum of the payments made to the health regions due to rounding.

Section 4: Alberta Blue Cross Non-Group Coverage

Summary

Alberta Blue Cross Non-Group Coverage plans are supplemental health insurance plans for pharmaceuticals and selected health services. These supplemental plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Premium-free coverage is offered to seniors and their dependants, to recipients of the Alberta Widows' Pension and their dependants, and to people who have been diagnosed as being palliative and receive their health care at home. All other Albertans under the age of 65 can purchase Alberta Blue Cross Non-Group Coverage. Reduced premium rates are provided to Albertans who apply and qualify for AHCIP premium subsidy.

These categories are collectively referred to as "non-group" membership to distinguish them from "group" or private employer-sponsored supplemental benefit plans offered by Alberta Blue Cross.

Non-group coverage includes prescription drugs, ambulance services, clinical psychological services, home nursing care, prosthetic and orthotic benefits and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Health and Wellness Drug Benefit List and Palliative Care Drug Benefit Supplement define the prescription drugs that are covered by the Alberta Blue Cross Non-Group Plans.

The data on Alberta Blue Cross Non-Group Coverage in this section includes the number of persons covered by level of premium payment, by age and gender, and by type of services (ambulance, drugs, hospital, or other). Information is also provided on drug prescriptions: the number, types and costs of prescriptions, and the 10 prescription drugs with the highest cost.

Number of People Covered

In 2003/2004, a total of 499,078 Albertans received coverage under Alberta Blue Cross Non-Group Coverage plans.

The number of persons who paid regular premiums increased by 4.3 per cent to 96,003 compared to the 2002/2003 year. Out of the total non-group membership, only 19.2 per cent paid full premiums. A total of 37,776 people (7.6 per cent of total membership) received coverage at reduced premium rates, a 2.24 per cent increase over the previous year. The number of people with premium-free coverage under the Seniors, Widows' Pension and Palliative Care categories totalled 365,299. 73.2 per cent of all people with non-group coverage.

Benefit Payments

Alberta Blue Cross Non-Group Coverage paid more than $485 million in benefits in 2003/2004. Drugs accounted for $464,068,735 or 95.7 per cent of these expenditures. Ambulance services accounted for $15,922,123 or 3.3 per cent of the total. These two benefits accounted for 99.0 per cent of all Alberta Blue Cross Non-Group expenditures.

Nine of the top-ten-selling drugs are used to treat common chronic diseases: gastro-intestinal ulcers and acid-related diseases (Losec, Pantoloc, Prevacid), high cholesterol (Lipitor — two strengths), arthritis (Celebrex, Vioxx) and high blood pressure (Norvasc — two strengths). Losec (20 mg), an ulcer treatment drug, was prescribed the most with a total of 182,207 prescriptions and a net payment of $25,521,537.

Drug Payments by Premium Level

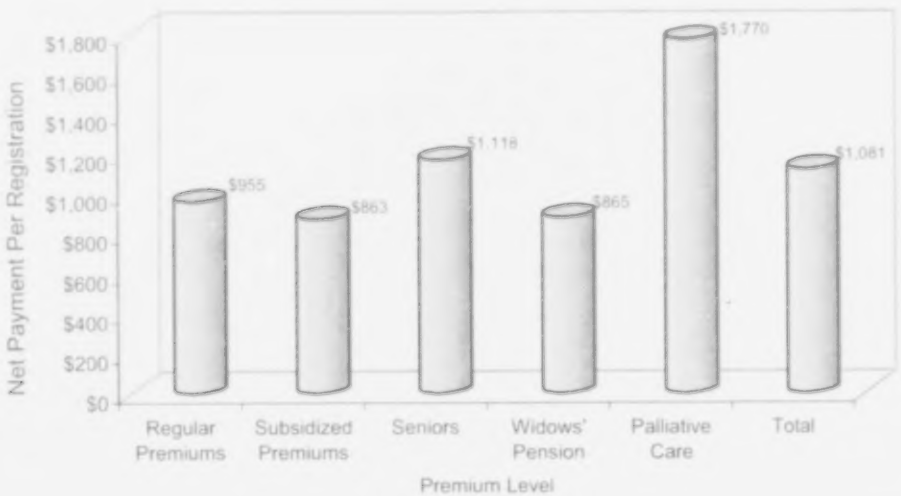
Figure 8 provides a comparison of the Alberta Blue Cross Non-Group Coverage net payment for drugs per registration for the different categories. A registration may be for a single person or can include a spouse/partner and/or dependants.

Did you know?

Albertans spend a lower percentage of their household incomes on prescription drugs than most other Canadians

Source: Alberta's 2004 Report on Comparable Health Indicators

Figure 8
Alberta Blue Cross Non-Group Coverage Net Payment for Drugs Per Registration by Coverage Category for the Service Year April 1, 2003 to March 31, 2004



Explanatory Notes

Data

Data in this section are provided directly by Alberta Blue Cross with the exception of Table 4.6, which is provided by the Alberta College of Pharmacists. The tables report the payments made to subscribers on a daily basis, to pharmacy providers (pharmacists) on a bi-weekly basis (every two weeks) and to other providers, such as ambulance service providers, psychologists, etc., on a weekly basis.

Alberta Blue Cross Palliative Care Drug Coverage

During 2003/2004 an average of 1,121 people were provided with Alberta Blue Cross Palliative Care Drug coverage. Most of these people (an average of 743 per month) were also covered under the three other supplemental Alberta Blue Cross plans offered by Alberta Health and Wellness and are reported in Table 4.2. However, an average of 378 of these people were only covered by the Alberta Blue Cross Palliative Care Drug plan and are not reported in the table or elsewhere in this supplement.

Table 4.1
Alberta Blue Cross Non-Group Membership
Number of Registrations and Persons Covered by Method of Premium Payments
As of March 31, 2000 to March 31, 2004[1]

Registration Status	Number of Registrations & Persons Covered					Percentage Change			
	2000	2001	2002	2003	2004	2001/2000	2002/2001	2003/2002	2004/2003
Total Number of Registrations	285,646	291,870	299,965	306,745	315,215	2.18%	2.77%	2.26%	2.76%
Total Number of Persons Covered	455,754	462,919	474,675	485,803	499,078	1.57	2.54	2.34	2.73
Number of Registrations Paying Regular Premiums	37,754	38,391	41,347	43,507	45,948	1.69	7.70	5.22	5.61
Number of Persons Covered	82,843	82,760	87,756	92,027	96,003	(0.10)	6.04	4.87	4.32
Number of Registrations Paying Reduced Premiums	19,462	19,103	18,686	18,635	18,999	(1.84)	(2.18)	(0.27)	1.95
Number of Persons Covered	40,317	38,614	37,032	36,948	37,776	(4.22)	(4.10)	(0.23)	2.24
Number of Registrations Paying No Premiums[2]	228,430	234,376	239,932	244,603	250,268	2.60	2.37	1.95	2.32
Number of Persons Covered	332,594	341,545	349,887	356,828	365,299	2.69	2.44	1.98	2.37

(1) The population figures are as of March 31, calculated in July.

(2) Individuals covered under the Seniors, Widows' Pension, or Palliative Care categories receive premium-free coverage.

Table 4.2
Alberta Blue Cross Non-Group Membership
Number of Registrations and Persons Covered by Coverage Category
As of March 31, 2000 to March 31, 2004[2]

Registration Status		Total					Regular Premium				
		1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Total	Registrations	285,646	291,870	299,965	306,745	315,215	37,754	38,391	41,347	43,507	45,948
	Persons	455,754	462,919	474,675	485,803	499,078	82,843	82,760	87,756	92,027	96,003
One Person	Registrations	151,835	155,344	159,763	162,975	167,467	14,052	14,622	16,091	17,114	18,425
	Persons	151,835	155,344	159,763	162,975	167,467	14,052	14,622	16,091	17,114	18,425
Two Persons	Registrations	115,442	118,685	122,109	125,150	128,520	13,198	13,469	14,514	15,208	15,971
	Persons	230,884	237,370	244,218	250,300	257,040	26,396	26,938	29,028	30,416	31,942
Three or More	Registrations	18,369	17,841	18,093	18,620	19,228	10,504	10,300	10,742	11,185	11,552
Persons	Persons	73,035	70,205	70,694	72,528	74,571	42,395	41,200	42,637	44,497	45,636

Registration Status		Subsidized Premium[1]					Seniors[3]				
		1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Total	Registrations	19,462	19,103	18,686	18,635	18,999	226,071	232,091	237,774	242,568	248,347
	Persons	40,317	38,614	37,032	36,948	37,776	330,051	339,065	347,497	354,589	363,201
One Person	Registrations	9,637	9,655	9,794	9,631	9,844	125,927	128,926	131,880	134,338	137,402
	Persons	9,637	9,655	9,794	9,631	9,844	125,927	128,926	131,880	134,338	137,402
Two Persons	Registrations	4,921	4,851	4,522	4,523	4,513	97,215	100,254	102,961	105,318	107,946
	Persons	9,842	9,702	9,044	9,046	9,026	194,430	200,508	205,922	210,636	215,892
Three or More	Registrations	4,904	4,597	4,370	4,481	4,642	2,929	2,911	2,933	2,912	2,999
Persons	Persons	20,838	19,257	18,194	18,271	18,906	9,694	9,631	9,695	9,615	9,907

Registration Status		Widows' Pension[3]				
		1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Total	Registrations	2,359	2,285	2,158	2,035	1,921
	Persons	2,543	2,480	2,390	2,239	2,098
One Person	Registrations	2,219	2,141	1,998	1,892	1,796
	Persons	2,219	2,141	1,998	1,892	1,796
Two Persons	Registrations	108	111	112	101	90
	Persons	216	222	224	202	180
Three or More	Registrations	32	33	48	42	35
Persons	Persons	108	117	168	145	122

(1) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(2) The population figures are as of March 31, calculated in July.

(3) Individuals covered under the Seniors, Widows' Pension, or Palliative Care categories receive premium-free coverage.

Table 4.3
Alberta Blue Cross Non-Group Membership
Persons Covered by Age and Gender
As of March 31, 2000 to March 31, 2004[1]

	Total					Male					Female				
Age Group	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Total	455,754	462,919	474,675	485,803	499,078	194,262	197,411	202,698	207,670	213,951	261,492	265,508	271,977	278,133	285,127
By Age Group															
Under 1	860	794	786	806	883	418	406	372	399	430	442	388	414	407	453
1 - 4	3,900	3,658	3,617	3,782	3,936	2,023	1,873	1,811	1,867	1,935	1,877	1,785	1,806	1,915	2,001
5 - 14	16,789	15,690	15,591	15,895	16,089	8,664	8,053	8,064	8,284	8,393	8,125	7,637	7,527	7,611	7,696
15 - 24	21,330	20,729	21,428	22,109	23,085	10,354	10,166	10,434	10,655	11,158	10,976	10,563	10,994	11,454	11,927
25 - 44	26,080	25,187	25,556	26,076	26,497	11,441	10,968	11,128	11,276	11,375	14,639	14,219	14,428	14,800	15,122
45 - 64	91,621	93,181	96,157	98,669	102,205	31,543	32,045	33,195	34,482	35,966	60,078	61,136	62,962	64,187	66,239
65 - 74	166,658	170,005	172,707	174,327	177,299	80,132	81,940	83,363	83,839	85,422	86,526	88,065	89,344	90,488	91,877
75 & Older	128,516	133,675	138,833	144,139	149,084	49,687	51,960	54,331	56,868	59,272	78,829	81,715	84,502	87,271	89,812

	Percentage Change Total				Percentage Change Male				Percentage Change Female			
Age Group	2001/2000	2002/2001	2003/2002	2004/2003	2001/2000	2002/2001	2003/2002	2004/2003	2001/2000	2002/2001	2003/2002	2004/2003
Total	1.57%	2.54%	2.34%	2.73%	1.62%	2.68%	2.45%	3.02%	1.54%	2.44%	2.26%	2.51%
By Age Group												
Under 1	(7.67)	(1.01)	2.54	9.55	(2.87)	(8.37)	7.26	7.77	(12.22)	6.70	(1.69)	11.30
1 - 4	(6.21)	(1.12)	4.56	4.07	(7.41)	(3.31)	3.09	3.64	(4.90)	1.18	6.04	4.49
5 - 14	(6.55)	(0.63)	1.95	1.22	(7.05)	0.14	2.73	1.32	(6.01)	(1.44)	1.12	1.12
15 - 24	(2.82)	3.37	3.18	4.41	(1.82)	2.64	2.12	4.72	(3.76)	4.08	4.18	4.13
25 - 44	(3.42)	1.47	2.03	1.61	(4.13)	1.46	1.33	0.88	(2.87)	1.47	2.58	2.18
45 - 64	1.70	3.19	2.61	3.58	1.59	3.59	3.88	4.30	1.76	2.99	1.95	3.20
65 - 74	2.01	1.59	0.94	1.70	2.26	1.74	0.57	1.89	1.78	1.45	1.28	1.54
75 & Older	4.01	3.86	3.82	3.43	4.57	4.56	4.67	4.23	3.66	3.41	3.28	2.91

(1) "Persons Covered" includes all persons covered by Alberta Blue Cross as of March 31 each year.
The population figures are as of March 31, calculated in July each year.

Table 4.4
Alberta Blue Cross Non-Group Membership
Persons Registered by Coverage Category, Premium Payment and Type of Service
For the Year Ending March 31, 2004

Subsidy Level and Type of Service	Discrete Registrants	Net Payment[2]	Net Payment Per Registrant
All Groups			
Ambulance	42,431	$15,922,123	375
Drugs	429,349	464,068,735	1,081
Hospital	1,517	315,579	208
Other[3]	5,884	4,773,625	811
Total	433,149	485,080,062	1,120
Regular Premium			
Ambulance	2,146	545,954	254
Drugs	80,137	76,524,871	955
Hospital	1,113	228,827	206
Other	723	121,397	168
Subtotal	80,568	77,421,050	961
Subsidized Premium[1]			
Ambulance	1,128	315,605	280
Drugs	31,103	26,834,858	863
Hospital	404	86,752	215
Other	169	26,600	157
Subtotal	31,264	27,263,814	872
Seniors[4][5]			
Ambulance	39,071	15,022,432	384
Drugs	319,787	357,629,965	1,118
Hospital			
Other	4,975	4,613,233	927
Subtotal	322,996	377,265,631	1,168
Widows' Pension[5]			
Ambulance	103	38,131	370
Drugs	2,040	1,764,136	865
Hospital			
Other	24	12,395	516
Subtotal	2,060	1,814,662	881
Palliative Care[5]			
Ambulance			
Drugs	743	1,314,904	1,770
Hospital			
Other			
Subtotal	743	1,314,904	1,770

(1) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(2) The sums of the net payments may not match the sub-totals or total due to rounding.

(3) The type of "other" service includes clinical psychology, home nursing, prostheses and other orthotics, mastectomy prostheses and accidental dental.

(4) Seniors refers to the Alberta Blue Cross Membership category of "Registrant or Spouse/Partner Age 65 or Older and their dependants."

(5) Coverage for these groups is provided premium-free.

Table 4.5
Alberta Blue Cross Non-Group Membership
Number of Drug Prescriptions and Cost of Benefits
For Over-the-Counter Products and Prescription Drugs
For the Year Ending March 31, 2004

Prescription Type and Membership Category	Number of Prescriptions	Net Payment[2]
Total	10,089,351	$464,068,735
All Prescriptions		
Regular Premium	1,231,625	76,524,871
Subsidized Premium[1]	511,154	26,834,858
Seniors[3] [4]	8,284,607	357,629,965
Widows' Pension[4]	39,473	1,764,136
Palliative Care[4]	22,492	1,314,904
By Prescription Type		
Prescription Drugs[5]		
Regular Premium	1,184,596	75,309,974
Subsidized Premium	492,127	26,341,450
Seniors	7,967,188	352,072,450
Widows' Pension	38,245	1,736,419
Palliative Care	19,124	1,280,141
Subtotal	9,701,280	456,740,434
Over-The-Counter[6]		
Regular Premium	47,018	1,215,478
Subsidized Premium	19,013	494,543
Seniors	317,318	5,641,909
Widows' Pension	1,228	27,717
Palliative Care	3,367	34,767
Subtotal	387,944	7,414,414
Adjustments[7]		
Regular Premium	11	(580)
Subsidized Premium	14	(1,136)
Seniors	101	(84,394)
Widows' Pension	0	0
Palliative Care	1	(4)
Subtotal	127	(86,113)

(1) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(2) The sums of the net payments may not match the sub-totals or total due to rounding.

(3) Seniors refers to the Alberta Blue Cross Membership category of "Registrant or Spouse Age 65 or Older and their dependants."

(4) Coverage for these groups is provided premium-free.

(5) Refers to a drug type not available without a prescription.

(6) Refers to an otherwise "over-the-counter" drug type which has been prescribed for these members.

(7) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations), refunds, etc.

Table 4.6
Number and Percentage Change of Licensed Community Pharmacies in Alberta For the Years Ending March 31, 2000 to March 31, 2004

Year	Number of Pharmacies	Percentage Change from the Prior Year
1999/2000	780	n.a.
2000/2001	791	1.41
2001/2002	801	1.26
2002/2003	832	3.87
2003/2004	865	3.97
Annual Average Percentage Change for Last 5 Years		2.62

Table 4.7
Alberta Blue Cross Non-Group Membership
Ten Most Prescribed Prescription Drugs
By Cost of Benefits and Groups
For the Year Ending March 31, 2004

Group by Subsidy Level	Drug Name	Strength	Major Uses	Number of Prescriptions	Number of Registrants	Net Payment[3]
All Groups						
	Losec	20 mg	Ulcer Treatment	182,207	43,402	$25,521,537
	Lipitor	10 mg	Cholesterol Lowering Agent	129,515	34,093	14,972,187
	Pantoloc	40mg	Ulcer Treatment	104,496	24,982	10,894,303
	Lipitor	20 mg	Cholesterol Lowering Agent	75,980	20,226	10,840,995
	Celebrex	200 mg	Arthritis	101,263	33,063	9,888,767
	Prevacid	30 mg	Ulcer Treatment	78,664	21,999	9,389,303
	Norvasc	5 mg	High Blood Pressure/Angina	116,694	26,610	8,967,392
	Norvasc	10 mg	High Blood Pressure/Angina	59,133	13,275	7,070,840
	Vioxx	25 mg	Arthritis	104,279	40,114	6,636,966
	Copaxone	20 mg/syringe	Multiple Sclerosis	4,880	603	5,529,493
Regular and Subsidized Premium[1]						
	Copaxone	20 mg /synnge	Multiple Sclerosis	4,824	596	5,439,273
	Losec	20 mg	Ulcer Treatment	24,334	7,096	3,691,900
	Rebif	12 million IU/syringe	Multiple Sclerosis	2,310	248	3,446,458
	Lipitor	10 mg	Cholesterol Lowering Agent	20,620	6,002	2,348,024
	Lipitor	20 mg	Cholesterol Lowering Agent	14,116	4,207	2,038,416
	Remicade	100 mg/vial	Rheumatoid Arthritis	1,225	173	1,806,378
	Cerezyme	200 unit	Gaucher Disease	359	8	1,793,341
	Betaseron	9.6 million IU/vial	Multiple Sclerosis	1,284	143	1,763,173
	Prevacid	30 mg	Ulcer Treatment	14,187	4,352	1,727,125
	Pantoloc	40mg	Ulcer Treatment	14,105	4,176	1,681,176
Seniors[2]						
	Losec	20 mg	Ulcer Treatment	156,801	35,972	21,710,804
	Lipitor	10 mg	Cholesterol Lowering Agent	108,332	27,900	12,553,594
	Pantoloc	40 mg	Ulcer Treatment	89,895	20,623	9,164,271
	Lipitor	20 mg	Cholesterol Lowering Agent	61,550	15,913	8,759,264
	Celebrex	200 mg	Arthritis	86,089	27,571	8,398,388
	Norvasc	5 mg	High Blood Pressure/Angina	106,929	23,893	8,154,092
	Prevacid	30 mg	Ulcer Treatment	64,082	17,494	7,613,159
	Norvasc	10 mg	High Blood Pressure/Angina	51,370	11,296	6,073,330
	Vioxx	25 mg	Arthritis	83,551	31,300	5,335,014
	Plavix	75 mg tablet	Prevention Heart Attack & Stroke	41,661	8,045	4,676,787
Widows' Pension						
	Losec	20 mg	Ulcer Treatment	614	192	88,181
	Lipitor	10 mg	Cholesterol Lowering Agent	552	186	68,916
	Celebrex	200 mg	Arthritis	567	211	52,862
	Prevacid	30 mg	Ulcer Treatment	335	129	44,191
	Lipitor	20 mg	Cholesterol Lowering Agent	310	103	42,851
	Pantoloc	40 mg	Ulcer Treatment	339	112	36,760
	Vioxx	25 mg	Arthritis	571	254	33,245
	Norvasc	5 mg	High Blood Pressure/Angina	290	83	25,773
	Paxil	20 mg	Antidepressant	250	77	24,004
	Norvasc	10 mg	High Blood Pressure/Angina	180	51	23,289
Palliative Care						
	Eprex	20,000 u/ml syringe	Hematopoietic Agent	116	20	88,462
	Zofran	8 mg	Severe Nausea/Vomiting	417	129	74,023
	Sandostatin LAR	20 mg/vial	Rare Endocrine Tumor	55	7	67,076
	Duragesic	100 mcg/hr patch	Pain Management	186	57	66,929
	Fentanyl Citrate	50 mcg/ml	Pain Management	198	45	62,145
	Sandostatin LAR	30mg/vial	Rare Endocrine Tumor	30	3	54,323
	Bonefos	60 mg/ml inject'n	High Calcium Blood Level	169	34	44,282
	Hydromorph Contin	50 mg/ml inject'n	Pain Management	69	17	32,108
	Neupogen	300mcg/ml	Hematopoietic Agent	23	7	30,820
	Losec	20 mg	Ulcer Treatment	458	142	30,652

(1) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(2) Seniors refers to the Alberta Blue Cross Membership category of "Registrant or Spouse/Partner Age 65 or Older and their dependants."

(3) The sums of the net payments may not match the totals due to rounding.

Table 4.8
Alberta Blue Cross Non-Group Membership
Average Gross Cost Per Prescription by Broad Drug Category
(Direct Bill and Reimbursement Claims)
For Recipients In All Groups
For the Year Ending March 31, 2004

Broad Drug Category	Number of Prescriptions	Net Payment	Co-Insurance Amount	Coordination of Benefits[4]	Average Gross Cost[1] Per Prescription
Total[2]	10,089,351	$464,068,735	$109,739,160	$7,450,901	$57.61
By Drug Category					
Antihistamines	479	11,981	3,403	473	33.10
Antineoplastic Agents	20,222	711,195	227,275	14,036	47.10
Antitussives, Expectorants, Mucolytic	1,557	59,381	17,417	205	49.46
Anti-Infective Agents	547,533	14,749,047	5,011,285	249,174	36.54
Autonomic Drugs	408,482	23,888,936	5,017,543	198,378	71.25
Blood Formation and Coagulation	242,211	16,648,514	1,805,526	429,667	77.96
Cardiovascular Drugs	2,508,333	153,830,000	38,343,809	1,034,743	77.03
Central Nervous System Drugs	2,253,013	86,718,751	21,995,685	1,325,089	48.84
Compound Drugs	3,848	131,662	32,909	1,257	43.09
Devices	5,960	101,891	42,992	576	24.41
Diagnostic Agents	1	19	8	0	27.50
Electrolytic, Caloric, Water Balance	791,098	7,553,908	3,203,140	52,772	13.66
Enzymes[3]	372	1,793,569	4,966	0	4,834.77
Eye, Ear, Nose & Throat Preparations	339,943	7,274,145	2,794,791	52,636	29.77
Gastrointestinal Drugs	622,439	56,742,219	9,938,776	609,372	108.11
Gold Compounds	1,919	89,466	25,575	343	60.13
Heavy Metal Antagonists	772	123,849	14,014	18,259	202.23
Hormones & Synthetic Substitutes	1,291,974	33,500,816	10,428,717	369,575	34.29
Serums, Toxoids, and Vaccines	1,591	100,870	25,259	1,369	80.14
Skin & Mucous Membrane Preparations	287,062	4,720,819	1,878,268	60,732	23.20
Smooth Muscle Relaxants	72,767	2,330,948	696,891	15,194	41.82
Unclassified Therapeutic Agents	620,844	52,374,624	7,976,987	3,005,807	102.05
Undetermined	124	(87,113)	(187)	(1,067)	-712.64
Vitamins	66,807	699,239	254,108	12,311	14.45

(1) Gross Cost = Net Payment + Co-Insurance Amount + Coordination of Benefits.

(2) The sums of the columns may not match the totals due to rounding.

(3) Reflects a small number of prescriptions for imiglucerase, an expensive prescription drug used to treat a rare health condition.

(4) Coordination of Benefits would apply in situations where a person can submit a claim to more than one supplementary health plan. Coordination of Benefits represents amounts paid by other payers.

Table 4.9
Alberta Blue Cross Non-Group Membership
Number of Prescriptions and Gross Payments
By Drug Cost Components - Direct Bill Claims Only
For the Year Ending March 31, 2004

Recipient Group	Number of Prescriptions	Drug Material Cost [A]	Dispensing Fee[1] [B]	Additional Inventory Allowance[3] [C]	Adjustment [D]	Gross Payment[5] [E]	Co-Payment [F]	Coordination of Benefit[4] [G]	Net Payment[6] [H]
Total[2]	10,024,151	475,765,519	94,170,875	7,472,187	-100,475	577,308,106	108,967,353	6,776,648	461,564,104
Average Cost Per Prescription		47.46	9.39	0.75		57.59	10.87	0.68	46.05
By Groups									
Regular and Subsidized Premium	1,704,874	108,758,344	16,081,989	1,286,997	-11,013	126,116,317	19,189,040	5,090,343	101,836,934
Seniors	8,258,949	363,875,545	77,477,749	6,144,439	-88,319	447,409,415	89,200,649	1,507,421	356,701,345
Widows' Pension	39,154	1,809,673	356,413	29,382	-1,123	2,194,345	420,981	17,062	1,756,301
Palliative Care	21,174	1,321,956	254,723	11,369	-20	1,588,029	156,684	161,822	1,269,523

(1) Dispensing fee is based on all eligible drug claims including claims for oral contraceptives, insulin and injectables.

(2) The sums of the columns may not match the totals due to rounding.

(3) Additional Inventory Allowance may include upcharge amounts for pharmacies in the Northwest Territories.

(4) Coordination of Benefits would apply in situations where a person can submit a claim to more than one supplementary health plan. Coordination of Benefits represents amounts paid by other payers.

(5) Gross Payment [E] = [A] + [B] + [C] + [D]

(6) Net Payment [H] = [E] - [F] - [G]

Glossary/Definitions

Additional Inventory Allowance — The amount of the total prescription cost that relates to the pharmacy charge for additional inventory allowance. The total prescription cost is made up of three components: the actual acquisition cost of the drug product, the dispensing fee, and the additional inventory allowance. The dispensing fee and additional inventory allowance are paid to pharmacy proprietors.

Alberta Blue Cross Group Plan — Group coverage available through employers. Data on this coverage is not included in the *Statistical Supplement*.

Alberta Blue Cross Non-Group Plan — Government subsidized supplemental health insurance coverage for pharmaceuticals and other selected health services administered by Alberta Blue Cross on behalf of Alberta Health and Wellness. Premium-free coverage is offered to seniors and their dependants, to recipients of the Alberta Widows' Pension and their dependants, and to people who have been diagnosed as being palliative and receive their health care at home. All other Albertans under the age of 65 and their dependants can purchase non-group coverage through Alberta Health and Wellness at special premium rates.

Alberta Health Care Insurance Plan (AHCIP) — Non-profit, publicly funded plan administered and operated by Alberta Health and Wellness under the *Alberta Health Care Insurance Act* and regulations. The AHCIP pays for insured physician, dental/oral surgical and hospitalization services as required under the *Canada Health Act* and allied health services provided to eligible residents of Alberta.

Alternative Relationship Plan (ARP) — A contractual payment methed used to replace fee-for-service.

Allied Health Services — Basic health services (other than insured services) provided by chiropractors, optometrists, and podiatrists.

Balance Billing — The amount charged to a patient above the current rate listed in the applicable AHCIP Schedule of Benefits. Podiatrists and chiropractors are allowed to balance bill. However, opted-in physicians, dental/oral surgeons and optometrists are not allowed to balance bill for services covered under the AHCIP.

Basic Health Services — Services of physicians, osteopaths, and dental/oral surgeons deemed medically required according to the *Canada Health Act*. Also includes some services provided by optometrists, chiropractors, and podiatrists.

Blank Cell — Represents a zero value.

Discrete Patients — The number of people who receive an insured service. Discrete patients are only counted once.

Discrete Service Providers — The number of practitioners who provide a service payable under the AHCIP. Discrete service providers are only counted once.

Fee-for-Service — A payment system agreed upon for the provision of health services.

Fiscal Year — April 1st of one year to March 31st of the next year.

Health Regions — A geographic area within Alberta that has been identified and defined for the purpose of assigning responsibility for and authority over the delivery of health care services within it boundaries. There are currently nine Health Regions in Alberta.

Insured Services — Physician and dental/oral surgical services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

Medical Assessments — Primarily office visits and consultations.

Medical Services — Services provided by a physician.

N/A — Not available.

n.a. — Not applicable.

— — Non-zero value; actual value was too small to be shown.

Net Payment — The amount of the total prescription drug cost that is paid by Alberta Health and Wellness through the Alberta Blue Cross Non-Group Plans.

Nil — No change.

Payments — Gross fee-for-service practitioner payments made by the AHCIP for basic health services. Represents neither the total income nor the net income of a practitioner. Payment data is reported on a date-of-service basis and includes only fee-for-service payments to Alberta practitioners for services that were provided to Alberta residents unless stated otherwise.

Practitioner — Licensed health care provider who is registered with the AHCIP and provides basic health services.

Registrations — The number of premium accounts with the AHCIP. A registration may include one person (as in single coverage) or two or more people (as in family coverage).

Registered/Insured Persons — The number of Alberta residents insured under a program and therefore entitled to receive services.

Schedule of Benefits — List of practitioner services and rates paid by the AHCIP. Includes the governing rules, procedure list, fee modifier definitions and price list. The *Statistical Supplement* includes data on five distinct benefit schedules (medical, oral maxillofacial dental surgery, chiropractic, optometry and podiatry).